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The oxford house model: A pathway to empowerment of women

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THE OXFORD HOUSE MODEL: A PATHWAY TO EMPOWERMENT FOR WOMEN

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TABLE OF CONTENTS

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VITA

The author was born in Norwalk, Connecticut, June 1, 1981. She graduated from Norwalk High School, and received her Bachelor of Science degree from Southern Connecticut State University in 2007.

LIST OF TABLES

CHAPTER I

INTRODUCTION

The empowerment construct has been utilized in several research contexts and with various populations. Previous research demonstrated that the concept of empowerment is an important element for understanding the development of individuals, communities, and organizations (Perkins & Zimmerman, 1995; Rappaport, 1984; Zimmerman, 1990). Because of this universal application, empowerment theory has been used to measure empowerment for specific populations (Akey, Marquis & Ross, 2000; Johnson, Worrell & Chandler, 2005; Rogers, Chamberlain, Ellison & Crean, 1997) and empowerment interventions have been designed to promote individual (Ashburn, Kerrigan & Sweat, 2008; Bennett, Riger, Schewe, Howard & Wasco, 2004; Gomez, Hernandez & Faigeles, 1999), community (Gomez, et al., 1999; Hagquist & Starrin, 1997), and organizational (Beeker, Guenther-Grey & Raj, 1998; Foster-Fishman & Keys, 1997) change.

The benefits of empowerment interventions have been clearly outlined in the literature for underserved and overlooked community-based populations (Ashburn, et al., 2008; Gomez, et al., 1999; Salina, Hill, Solarz, Lesondak, Razzano & Dixon, 2003). Women who abuse alcohol and/or drugs are a historically overlooked population (Green, 2006; Nelson- Zlupko, Kauffman & Dore, 1995), however; studies have begun to report the unique risk factors and challenges faced by women who abuse substances. Research has identified that women who abuse substances are more likely to have a history of

trauma/victimization (Toussaint, VanDeMark, Bornemann & Graeber, 2007), suffer from emotional problems (Zilberman, 2009), have little social support (Greenfield, Brooks, Gordon, Green, Kropp, McHugh, et al., 2007), and face economic hardship (Nelson-Zlupko, et al., 1995) than men. Likewise, women often face multiple barriers to treatment entry (Greenfield, et al., 2007), and substance abuse aftercare (Coughey, Feighan, Cheney & Klein, 1998). Recent attention has been given to the development of gender-specific and/or single sex programming for women who abuse substances in order to address women's specific risk factors and needs and to empower women in their recovery process (Ashley, Marsden & Brady, 2003; Bride, 2001; Greenfield, et al., 2007), however; there is a need to document the efficacy and benefits of these types of substance abuse treatment programs (Ashley, et al., 2003).

A subset of women who abuse substances have also had some type of involvement in the criminal justice system. Women ex-offenders represent a growing proportion of the prison population (Bureau of Justice Statistics [BJS], 1999; BJS, 2008). As such, there is a prominent need to develop and evaluate successful reentry programs that facilitate women offenders' return to the community while decreasing their occurrence of risk behaviors and substance use. It is well documented that women offenders have many unmet needs upon return to the community (Alegmano, 2001; O'Brien & Lee, 2007; Steffensmeir & Allen, 1996), including substance abuse treatment (Harm & Phillips, 2001; Green, Miranda, Daroowalla & Siddique, 2005) and housing (Freudenberg, 2002; Ritchie, 2001), thus, a strengths-based approach to community reentry is needed.

By building on strengths and promoting change and growth, the Oxford House Model may be an empowerment approach that facilitates not only successful recovery for women substance abusers, but also re-entry for women leaving the criminal justice system.

Oxford House is a non-profit, independently-run, democratic community that requires residents to become responsible members of their community through the practices of abstinence from substance use, desistance from crime, and communal living (Ferrari, Jason, Sasser, Davis & Olson, 2006; Jason, Davis & Ferrari, 2007; Jason, Olson, Ferrari & LoSasso, 2006). Previous research has explored the structural and functional aspects of the Oxford House model, and suggested that this model promotes recovery (Jason, et al., 2007), self-efficacy (Majer, Jason, Ferrari, Venable & Olson, 2002), and encouraged social support (Groh, Jason, Davis, Olson & Ferrari, 2007). The growing body of literature on Oxford House has demonstrated positive outcomes specifically for women in recovery, such as increased helping behavior (Viola, Ferrari, Davis & Jason, 2009), a high sense of community (d'Arlach, Olson, Jason & Ferrari, 2006), and increased leadership behaviors (Davis, Dziekan, Horin, Jason, Ferrari & Olson, 2006). The Oxford House model has been found to be efficacious for women in recovery from substance use, and may also have specific benefits for women exiting the criminal justice system. Thus, the Oxford House model may contribute to the empowerment of women by providing a safe, sober living environment (Jason, et al., 2006; Jason, et al., 2007; Jason, et al., 2008), aiding in the development of a social support network (Groh, et al., 2007), providing a sense of

community (d'Arlach, et al., 2006), modeling positive leadership behaviors (Davis, et al., 2006) and promoting self-efficacy (Majer, et al., 2002).

The purpose of the present study is to explore the Oxford House model as a pathway to empowerment for women in recovery from substance use with specific focus on the subset of women who are also ex-offenders. It is clear that there is a need to extend programming and services to these populations to afford them the opportunity to become empowered not only individually, but also within their families, relationships, communities, and society. Therefore, this study seeks to investigate the variables that define empowerment among women in recovery while highlighting the Oxford House model as a method that may increase empowerment among women in recovery, especially those who may be ex-offenders.

Empowerment

Research and theory identified various definitions and conceptualizations of empowerment (Rappaport, 1984; Perkins & Zimmerman, 1995; Zimmerman, 1990; Zimmerman, 1995). Research suggested that narrowly defining empowerment may be counterintuitive to the concept of empowerment, thus, most theorists agree that no one definition is all inclusive (Perkins & Zimmerman, 1995; Rappaport, 1984; Zimmerman, 1990; Zimmerman, 1995). Accordingly, research asserted that theoretical definitions developed for empowerment should merely be used as a guide for the development of empowerment interventions (Rappaport, 1984; Zimmerman, 1995). Consequently, research cautioned that definitions and theories of empowerment be used simply as a framework to support further development of empowerment theory and research rather than as all encompassing definitions.

Many definitions of empowerment currently exist. Rappaport (1984) defined empowerment as "The process by which people, organizations and communities gain mastery over their lives" (p. 3). Zimmerman (1995) expanded upon this definition to include, "...Experiences in which individuals learn to see a closer correspondence between their goals and a sense of how to achieve them, gain greater access to and control over resources, and where people, organizations, and communities gain mastery over their lives" (p. 583). Thus, both definitions seek to describe processes that promote a sense of control over an individual's life.

Empowerment theorists suggested that empowerment is a multilevel construct; this multilevel framework consists of at least three levels: individual, community and organizational. The individual or psychological level of empowerment encompasses psychological empowerment and awareness; the community level consists of working with others to become more active in the community; and the organizational level comprises activities such as collective decision-making and shared leadership (Perkins & Zimmerman, 1995; Zimmerman, 1995; Zimmerman, 2000). Although each level contains separate components, each level also has the ability to influence the other levels (Perkins & Zimmerman, 1995; Zimmerman, 1995). For example, empowerment at the individual level will often be seen at the community level for, as individuals become more psychologically empowered, they may become more active in community groups (Zimmerman, 1995). Thus, it is important to acknowledge that levels of empowerment do not act independently.

Zimmerman (1990; 1995) conceptualized a nomological framework for psychological empowerment comprised of three separate factors: intrapersonal, interactional, and behavioral. The intrapersonal factor represents how people view themselves and may include their perceived control, self-efficacy, personal control, and competence; the interpersonal factor refers to people's awareness of themselves and their communities and may consist of understanding causal factors, developing skills, and awareness of community resources; while the behavioral factor represents taking action to achieve outcomes that are often demonstrated by taking action through community involvement and

organizational participation. It is important to note that within this framework, the variables that comprise each component may change based on the population and type of setting (Zimmerman, 1995). For example, psychological empowerment may look very different for members of a homeless population versus a mutual help organization (Zimmerman, 1995). However, all variables that comprise empowerment should represent the intrapersonal, interactional, or behavioral components.

Zimmerman (2000) proposed a stepwise relationship among the three components of psychological empowerment: intrapersonal, interactional, and behavioral. Specifically, he suggested that the interactional component, which consists of skill building and resource access, might act as a bridge between intrapersonal and behavioral empowerment (Zimmerman, 2000). Hence, resource access, skills, and a critical understanding of the environment might act as a connection between self perceptions and action-oriented behavior (Zimmerman, 2000).

Empowerment theorists emphasized that empowerment conceptualizations differentiate between empowerment as a process or an outcome (Perkins & Zimmerman, 1995, Riger, 2000). The process of empowerment refers to people being given the ability to control their destiny while taking advantage of opportunities that help them to gain a sense of control over their lives (Zimmerman, 1995). Specifically, this process may include working together toward shared goals, participation in community organizations, and shared leadership (Zimmerman, 1995). Subsequently, empowerment outcomes measure

the results of an empowering process (Perkins & Zimmerman, 1995; Zimmerman, 2000). Thus, differentiating between a process and an outcome is important to empowerment theory.

Given the broad conceptualizations of empowerment, research suggested utilizing approaches that strengthen the internal validity of the empowerment construct (Zimmerman, 1995). One method to increase construct validity is to explore the relationship between empowerment and other similar constructs, i.e. convergent validity (Zimmerman, 1995; Zimmerman, 2000). For example, Zimmerman (1995) suggested that self-esteem is a construct that is closely related to empowerment but does not represent empowerment, thus, self-esteem should positively correlate with measures of empowerment (Zimmerman, 1995). In addition, Zimmerman (1995) postulated that empowerment is comprised of components that are visible in multiple constructs; therefore, univariate constructs such as competence, mental health, and power will correlate, yet differ, from empowerment. Thus, although many of these constructs are similar to factors that comprise psychological empowerment, a single measure of these constructs (self esteem, competence, power) should correlate but would not sufficiently represent psychological empowerment.

Although empowerment theory and practice and community psychology are closely intertwined, discourse on empowerment has been interdisciplinary. As such, empowerment has been discussed from a feminist perspective, especially because of the historical oppression of women. Many empowerment-focused approaches with women are grounded in obtaining power, which is often

manifested in the ability for women to make choices (Kabeer, 1999). For example, Kabeer (1999) asserted that choice is a construct directly related to power, and subsequently highlighted three dimensions of empowerment that sought to understand the process of empowerment for women: 1) resources (all available resources that promote choice); 2) agency (the ability to use the available resources to develop and act on goals); and 3) achievements (the outcome of using resources to contribute to the process of pursuing and acting on goals). Similarly, Carr (2003) theorized empowerment for women as a cyclical process that begins at a position of disempowerment that differs for each woman. In this cycle of empowerment, the essential components are awareness of women's past history of oppression (consciousness), interpretation of the past sexism (interpretation), participation in a process of building an identity based on consciousness and interpretation (identity building), mobilization for change (mobilization), and the resulting outcome (political action/change) Upon completion of these stages, the cycle of empowerment begins again (Carr, 2003). Therefore, the perspectives of feminist theorists personalize the experience of empowerment to women.

Empowerment theory called for context specific models of empowerment, thus, the operationalization and conceptualization of empowerment is often inconsistent across studies. For example, Bennett and colleagues (2004) used the Empowerment Scale (Rogers, et al., 1997) and the Rosenberg Self-Esteem scale (Rosenberg, 1965) to evaluate the efficacy of services for more than 6,000 victims of domestic violence in Illinois. Results indicated that participants gained

knowledge and support while receiving services and demonstrated higher levels of empowerment after service utilization. Specifically, women who utilized domestic violence services gained information, improved their decision-making abilities, and increased their self-efficacy and coping skills as compared to women who did not utilize services. Therefore, the authors believed women's increased knowledge, decision making, self-efficacy, and coping skills led to increased empowerment for domestic violence service utilization.

Beeker and colleagues (1998) conceptualized an empowerment intervention that integrated both the organizational and community levels of empowerment and sought to promote community change in health behaviors by reducing the occurrence of HIV/AIDS, mobilizing communities to define their health problems, identifying the predictors of those problems, and taking individual and collective action to change those problems. They suggested that creating an empowerment framework to promote community change may lead to increased prevention of HIV and AIDs in the community. Gomez and colleagues (1999) evaluated a program utilizing an empowerment model that focused on HIV prevention for Latina immigrant women. The program was designed for Latina women by Latina women and emphasized the benefits of bringing people together to discuss their problems. In addition, problem-sharing was utilized as a mechanism for individual and community empowerment. Results indicated that the program environment provided a setting that was conducive to increasing the quality of life for Latina immigrants. Furthermore, Salina and colleagues (2003) implemented an empowerment intervention into the criminal justice system based

on feminist empowerment conceptualizations that sought to utilize peer leaders to aid in the identification of risk behaviors and the promotion of knowledge about how to reduce those risks. Thus, it is clear that the empowerment construct has been an important tool in the development and evaluation of programs for diverse populations.

Measurement of Empowerment

Much controversy abounds in the measurement of empowerment. For example, there has been some debate as to the value of measuring empowerment quantitatively rather than qualitatively (Crouch, Keys & Harper, 2009; Foster-Fishman, Salem, Chibnall, Legler & Yapchai, 1998; Zimmerman, 1995). Many researchers and theorists suggested that quantitative measures of empowerment do not suffice (Foster-Fishman, et al., 1998; Zimmerman, 1995), rather; they believed empowerment should be evaluated through qualitative approaches, such as interviews with open-ended questions, in order to give participants a voice and to allow them to define empowerment (Crouch, et al., 2009; Foster-Fishman, et al., 1998). However, the limitations of qualitative approaches, such as time constraints and sample size, further the need for sound quantitative measures of empowerment. Research underscored the importance of a context specific approach to empowerment, (Riger, 1993; Zimmerman, 1995; Zimmerman, 2000), and thus recommended that measures of empowerment be developed to target specific populations (Rappaport, 1984; Zimmerman, 1995; Zimmerman, 2000). Therefore, quantitative measures of empowerment that are designed for specific

populations may allow for better representations of what empowerment looks like for those populations.

Given the call for context specific measures of empowerment, Rogers and colleagues (1997) assembled an advisory board of community members to create a measure that sought to capture empowerment in a community-based mental health population. They conceptualized that empowerment had three facets: self-esteem, self-efficacy, and optimism/control over the future; actual power; and righteous anger/community optimism. Subsequently, their Empowerment Scale (Rogers, et al., 1997) consisted of five factors: self-esteem/self-efficacy, power-powerlessness, community activism/autonomy, optimism/control over the future, and righteous anger (the idea that anger is a mechanism that promotes change). Accordingly, their research with a community based mental health population supported their proposed factors of empowerment for mental health consumers.

Specific instruments were also developed to measure psychological empowerment. Zimmerman and Rappaport (1988) utilized a combination of measures to assess intrapersonal empowerment, and found that increased intrapersonal empowerment led to greater participation, or increased behavioral empowerment among a college population. Another study supported these findings, as participants with high participation in voluntary, community, and/or organizational activities had higher intrapersonal empowerment than participants with low participation in activities (Zimmerman, Israel, Schulz & Checkoway, 1992). Zimmerman and Zahniser (1991) developed the Sociopolitical Control Scale (SPCS), which evaluated perceptions of the ability to maneuver through the

social and political system, and described aspects of intrapersonal empowerment in a socio-political context. A further revision of the SPCS revised the negative wording on the scale due to methods effects (Peterson, Lowe, Hughey, Reed, Zimmerman & Speer, 2006). However, the SPCS remains a widely used empowerment scale for intrapersonal empowerment. Speers (2000) developed a measure to assess interactional empowerment, and found that participants who demonstrated an understanding of their community had higher intrapersonal empowerment. In addition, Akey and colleagues (2000) developed a scale to measure intrapersonal, interactional, and behavioral empowerment for parents of children with disabilities. Their original factor analysis revealed a four, rather than three, factor structure: intrapersonal, interactional, and two types of behavioral empowerment (formal and informal). Thus, research has attempted to measure psychological empowerment while taking context and population into account.

Johnson, Worell, and Chandler (2005) proposed a feminist model of empowerment which led to the development of a measure of empowerment (Personal Progress Scale-Revised [PPS-R]) for women in feminist therapy. They believed that for women, empowerment consisted of four broad principles. These included: 1) exploring a woman's identity in a social context (Principle 1: Personal and social identity are interdependent); 2) looking at the source of pathology in a social or political context, including taking gender and cultural stereotypes into account (Principle 2: Personal is political); 3) addressing the unequal status between women and men (Principle 3: Relationships are

egalitarian); and 4) attributing value to traditional feminine characteristics, such as caring and showing concern for others (Principle 4: Women's perspectives are valued). They theorized that these four principles corresponded to seven factors of the empowerment process which resulted in ten outcomes of empowerment interventions. The seven factors of the empowerment process included: perceptions of power and competence, self-nurturance and resource access, interpersonal assertiveness, awareness of cultural discrimination, expression of anger and confrontation, autonomy, and personal strength/social activism. Although the researchers hypothesized that this measure incorporated the seven factors outlined above, an exploratory factor analysis revealed that the factors were highly intercorrelated, thus, the scale was used as a unidimensional measure of empowerment (Johnson, et al., 2005). Subsequently, more research is needed on the factor structure of the PPS-R (Johnson, et al., 2005).

There are potential reasons for the lack of empirical support for the factor structure of the PPS-R (Johnson, et al., 2005). First, sample size may have been a problem for the study. The sample consisted of 222 undergraduate women with most self-identifying as White (91.9%). Thus, this measure has not been tested with diverse populations. In addition, it may be that there are two overarching factors of empowerment in this measure: intrapersonal and interactional. These two factors can be further expanded upon under Zimmerman's (1995) theory of psychological empowerment. Zimmerman (1995) postulated that psychological empowerment consisted of three components: intrapersonal, interactional, and behavioral. The PPS-R (Johnson, et al., 2005) consisted of many variables that

sought to measure perceptions of power/competence, autonomy, personal strength, expression of anger and confrontation, and personal control. These variables all seek to measure aspects of self-perception, and therefore would fall under the intrapersonal category which highlights perceptions of self. The interactional category might align with questions that seek to measure interpersonal assertiveness, social activism, awareness of cultural discrimination and resource access. This approach is consistent with Zimmerman's (1995) conceptualization, which posited interactional empowerment as the ability to understand causal factors, become aware of community resources, and to interact with the environment. Unfortunately, this measure may not sufficiently measure the behavioral category of psychological empowerment. Thus, it would be important to incorporate questions that assess action, leadership and community participation into the scale. Therefore, it is possible to conceptualize the theoretical underpinnings of the PPS-R (Johnson, et al., 2005) under Zimmerman's nomological framework (1995) of psychological empowerment.

It is clear that the construct of empowerment can be used to inform theory, promote measurement development, and design effective interventions for target populations. Many factors may comprise empowerment, which highlights the importance of ensuring that the measurement of empowerment is context and population specific. Two specific populations that may benefit from empowerment interventions are women in recovery and women ex-offenders.

Women and Substance Use

In 2007, there were an estimated 22.3 million individuals aged 12 or older in the United States who abused drugs and/or alcohol (Substance Abuse and Mental Health Administration [SAMSHA], 2008). In addition, in 2006, more than 7 million women between the ages of 18 and 49 needed substance abuse treatment; however, less than one million actually received treatment (SAMSHA, 2007). Although women have lower prevalence rates of drug and alcohol abuse than men (SAMSHA 2004), women tend to report more problems and experience more health-related consequences of substance abuse than men (Green, 2006). In addition, women face barriers accessing and entering substance abuse treatment programs, retaining support for treatment entry and completion, and maintaining sobriety upon completion of treatment (Greenfield, et al., 2007). Women's unique presentation of substance abuse has led to the development of programs that are designed specifically for women (gender specific) or provide services for women separately from men (single sex) (Bride, 2001). Few studies examined women's specific needs after substance abuse treatment, however; it has been documented that aftercare is essential for maintaining recovery (Coughey, et al., 1998).

In an effort to understand women's substance abuse, research investigated the risk factors and pathways that lead women to substance abuse. Research suggested multiple risk factors for women to abuse and become dependent on substances. Women are at a greater risk for developing dependency on substances if they have a history of trauma/victimization (Ashley, et al., 2003), or a partner or family member who abuses/d substances (Ashley, et al., 2003). Additional risk

factors for women's development of substance use include, affective, emotional, or other psychiatric disorders, as well as the social stigma associated with receiving treatment (Ashley, et al., 2003).

Studies also explored gender differences in the ability to find and enter treatment for substance abuse. A recent literature review indicated that women are less likely to enter substance abuse treatment programs than men because they face specific barriers (Greenfield, et al., 2007). These barriers included pregnancy and/or lack of childcare, economic barriers (including low educational level and lack of employment), co-morbid psychological disorders, trauma histories, lack of social support from partner and/or family, and social stigma and discrimination (Greenfield, et al., 2007). In addition, women may not perceive that their substance abuse is a problem (Greenfield, et al., 2007). Thus, women face multiple challenges and barriers to substance abuse treatment access and entry.

One frequently cited barrier for women's lack of substance abuse treatment entry is the societal gender role expectation and the stigma associated with substance use for women. Nelson-Zlupko and colleagues (1995) discussed how substance abuse is often a direct reflection of the trauma and oppression faced by women in society, and that women often use substances as a coping strategy to deal with their experience of trauma and/or oppression. Likewise, women in a substance abuse program reported that women who abuse substances are treated differently than men, such that women are looked down upon more for substance use than men (LaFave, Desportes & McBride, 2009). Thus, the social

expectations for women to assume a traditional, female role could inhibit and disempower women from accessing and entering substance abuse treatment.

Women who do enter treatment programs have specific needs that are not always addressed during treatment. Women often reported that they needed parenting skills, housing, assistance dealing with prior trauma/victimization, and other social services (Ashley, et al., 2003; Greenfield & Pirard, 2009). Ashley and colleagues (2003) conducted a review on the effectiveness of substance abuse programming for women. Their findings demonstrated that substance abuse treatment for women is effective if it includes childcare, prenatal care, women-only admissions, services that address women-focused topics, mental health programming and comprehensive services. Thus, it is apparent that women who abuse substances have specific needs that, if addressed, can improve the efficacy of substance abuse treatment programming and result in better outcomes.

Research on women-only substance abuse treatment programs demonstrated promising outcomes. LaFave and colleagues (2009) evaluated the outcomes of a day treatment program, A Woman's Place, based on a feminist empowerment model. Quantitative analyses revealed that program participants reported an increase in their daily functioning, measured by life skills, finance, leisure, relationships, living arrangements, occupational/educational attainment, health, internal resources and recovery, from intake to treatment completion (One to seven months later). Qualitative interviews were conducted with six participants and revealed multiple feminist themes: the realization of and the ability to make (good) choices, a healthy detachment from negative relationships,

motivation to change, taking responsibility for choices, having the ability to express feelings and value the self, and recognizing the benefits of women only treatment. Thus, the evaluation of this program concluded that providing single sex substance abuse treatment with an empowerment framework allowed women to become more autonomous, make better choices and increase their self-efficacy.

Recent research addressed the role of substance abuse aftercare for individuals completing substance abuse treatment programs. One study demonstrated that participation in follow up care, such as 12 Step or other outpatient programs, led to less relapse among women (Brown, Seraganian, Tremblay & Annis, 2002). Participation in aftercare may increase women's social support for recovery following substance abuse treatment. In addition, social support has been shown to have a profound influence on recovery outcomes for women (Ellis, Bernicon, Yu, Roberts & Herrell, 2004). For example, Ellis and colleagues (2004) demonstrated that prior to substance abuse treatment, social support was not an important factor, however; social support was a significant predictor of relapse in the six months following treatment. Thus, participation in aftercare following substance abuse treatment that provides social support may lead to more positive recovery outcomes for women.

It is clear that women who abuse substances face many challenges. Women's unique pathways and risk factors for substance abuse, and their low rates of entering treatment programs are compounded by the social stigma and discrimination associated with addiction. In addition, women's need for childcare, economic stability, education and employment may limit their opportunities to

receive adequate treatment programming. Thus, it is evident that women who have abused substances face multiple barriers to their recovery and would greatly benefit from an empowerment intervention.

Women Offenders

Women are currently the fastest growing prison population in the United States, totaling approximately 7% of the total incarcerated population (BJS, 2006). The number of women in state and federal prisons increased from 84,300 in 2000 to 105,500 in 2007, which indicates an average 3.4% annual increase in the total women prisoner population (BJS, 2008). Women are more likely than men to be incarcerated for non-violent offenses often related to their substance use, such as drug offenses or non-violent property offenses (BJS, 2008). The numbers of women in prison outlined above do not reflect the vast number of offenders who return to their community on a daily basis. Research suggests that about 95% of all individuals who are incarcerated will return to society (BJS, 2003); however, two of every three prisoners released will be rearrested, and between 40 and 70% of those released from prison/jail will be re-incarcerated (BJS, 2002).

Given the alarming increase in women's incarceration rates, there is a need to study women offenders to prevent crime and to develop programs that facilitate their successful reentry into the community. Women offenders tend to have higher rates of psychiatric disorders, substance use problems, and HIV/STI infection than men (Freudenberg, 2002). Steffensmeir and Allen (1996) concluded that woman offenders are usually of low socio-economic status, poorly

educated, unemployed, and often have dependent children. Research indicated that women offenders tend to request more assistance with childcare, parenting skills and housing than men (Messina, Burdon, Hagopian, & Prendergast, 2006). Upon re-entry into the community, women often needed assistance with obtaining substance abuse treatment, housing, mental health counseling, education, medical support, job training/employment, social support and parenting assistance (Alegmano, 2001; O'Brien & Lee, 2007). Thus, it is clear that women in the criminal justice system have many barriers to successful community re-entry.

In addition to women's needs upon reentry to the community, research examined the occurrence of recidivism among women offenders as well as factors that may lead to recidivism. It should be noted that most recidivism occurs within the first three years after release from jail or prison (Langan & Levin, 2003). In fact, it is estimated that two-thirds of all recidivism that occurs within the first three years takes place in the first year post-release (BJS, 2002). This fact has important implications for offender populations because it suggests that the longer an individual can stay out of jail or prison, the less likely they are to return.

Offenders are at risk for recidivism once they are released into the community from jail/prison. One challenge for offender populations to overcome is the disenfranchisement that convicted felons face as they reenter society. Depending on the state of residence, ex-offenders may lose the right to vote, hold public office, serve on a jury, retain custody of their children, obtain professional licenses, or own a firearm (Olivares, Burton & Cullen, 1996). In addition, some states require that people convicted of a felony must register with local law

enforcement (Olivares, et al., 1996). The reform of the public assistance program in 1996 (Personal Responsibility and Work Opportunity Reconciliation Act [PRWORA]) eliminated the allocation of benefits for offenders including limitations on eligibility for public housing, public assistance, and food stamps (Pogorzelski, Wolff, Pan, & Blitz, 2005). In fact, the loss of privileges for ex-offenders may have a negative impact on their successful reintegration into the community (Manza & Uggen, 2004). Thus, the loss of these privileges may actually exclude ex-offenders from being active participants in the community as they reflect a loss of social standing, dignity and self-confidence (Manza & Uggen, 2004).

One prevalent risk factor for the recidivism of women offenders is a lack of adequate housing (Freudenberg, 2002). In a study of women offenders returning to New York City, baseline and follow-up (One year post release) rates of homelessness were very high (30% baseline vs. 34% follow-up)(Freudenberg, Daniels, Crum, Perkins & Richie, 2005). In addition, at 15 months post release, 39% of the women participants had been rearrested, often related to substance abuse and homelessness. Richie (2001) established that women often need safe, secure, and affordable housing upon release from jail or prison. Through qualitative life history interviews, she explored women's options upon release to the community. All 42 of the women interviewed for the project had experienced homelessness at some point in their lifetime. It is clear that while there are housing options for women upon release from prison, most are short term and transitional or are located in treatment programs. Few long-term, stable housing

programs are available for women upon release from prison. This lack of long term housing suggests that most prisons and jails may have inadequate discharge planning procedures and aftercare programs, thus leading to decreased knowledge of and access to resources upon return to the community.

An additional factor for recidivism risk is a lack of substance abuse treatment in prison and in the community. In a study of 100 incarcerated women, Green, Miranda, Daroowalla, and Siddique (2005) found that 74% reported an alcohol or substance abuse problem. Subsequently, when asked about needs for services upon release, the most frequently cited perceived need was substance abuse treatment (42%). In another study, Harm and Phillips (2001) found that most women in jail (87%) indicated that they had a substance abuse problem. While most had completed some type of drug treatment during periods of incarceration (78%), none had received aftercare in the community. In addition, when asked about services to reduce their risk of recidivism, many women (34%) believed that substance abuse treatment would be beneficial. These findings outline the discrepancy between women offenders' needs and services received while highlighting their need for additional substance abuse treatment programming and aftercare services.

Recently there has been a call for gender-specific programs and services for women offenders because most programs and services for offender populations had previously been based on the experiences of men. Covington and Bloom (2007) presented four gender-specific theories to account for the increase in the population of women offenders: pathway theory, relational theory, trauma

theory and addiction theory. Pathway theory posits that women's past histories of abuse, poverty, addiction, and oppression lead to a path of crime and that these issues are more salient for women than they are for men (Covington & Bloom, 2007). Relational theory contends that women tend to be motivated in life through their connections with other people, thus, disruptions in those relationships may lead to crime (Covington & Bloom, 2007). Trauma theory focuses on understanding the past trauma that women have endured and recognizing present manifestations of the past trauma, while addiction theory postulates all additional influences, such as trauma, homelessness, etc., be accounted for to provide a holistic approach to the treatment of addiction (Covington & Bloom, 2007). These theories implicate multiple factors that may explain the potential reasons that women offend.

The literature clearly outlines that the criminal justice system is deficient in the provision of housing and substance abuse treatment for women offenders. Despite the recent push for more gender-specific programming, few of these programs have been developed and evaluated. Furthermore, although women offenders would benefit from an empowerment intervention, empowerment is not explicitly measured in studies based on samples of women offenders. To address the societal concern of women leaving the prison system with little or no substance abuse treatment and limited housing options, various models of aftercare for prisoners have been proposed. One such model is the Oxford House, a self-run, self supported democratic sober living environment that may facilitate

the successful reentry of women offenders while decreasing their risk for recidivism.

Oxford House

Oxford House is an independently run, democratic sober living community for people with a past history of substance abuse. The main requirement for admission to an Oxford House is the desire to abstain from substance use (Oxford House, Inc., 2008). Current residents are expected to abide by one overarching principle: no use of alcohol or drugs (Oxford House, Inc., 2008). The Oxford House model has been established as a successful aftercare model for individuals with a history of substance abuse (Davis & Jason, 2005; Jason, et al., 2007; Read, 1995). In addition, research suggested that the Oxford House model promotes self-efficacy (Majer, et al., 2002) and social support (Groh, et al., 2007), while providing members with a safe, secure environment in which to live (Davis & Jason, 2005; Jason, et al., 2007).

Oxford House provides a safe and secure environment for its residents through the physical and structural characteristics of the house (Ferrari, Jason, Sasser, Davis & Olson, 2006). Research revealed that Oxford Houses are usually in low-crime, middle class neighborhoods (Ferrari, et al., 2006). Most Oxford Houses have approximately 5-10 residents (Ferrari, et al., 2006). Thus, residents may share a room with one other member or may live in their own room. Oxford House allows residents to have overnight visitors, such as significant others and children (Ferrari, et al., 2006). In fact, there are houses specifically designated for women and men to live with their children (Ferrari, et al., 2006; Oxford House,

Inc., 2008). Residents are expected to contribute to the house by completing chores and paying rent (Ferrari, et al., 2006).

Specific functional guidelines are outlined for Oxford House members that may contribute to its efficacy. As stated previously, the main requirement for residency in Oxford House is abstinence from substance use (Oxford House, Inc., 2008). Upon relapse, members are immediately evicted from the house by the other house members (Oxford House, Inc., 2008). Although the Oxford House model does not mandate members to be a part of drug treatment programs, participation in Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) is encouraged (Oxford House, Inc., 2008). Likewise, house members are supported to obtain a sponsor and follow the guidelines of the NA/AA programs (Oxford House, Inc., 2008). These characteristics of Oxford House are important factors that contribute to a safe and secure environment for individuals in recovery from substance abuse.

Research highlighted the success of the Oxford House model in promoting abstinence from substance use. Jason and colleagues (2006) randomly assigned 150 substance abusers to either an Oxford House condition or a usual aftercare condition and found that substance abuse rates of Oxford House members were less than individuals in usual aftercare conditions, 31.1% and 64.8%, respectively at a 24 month follow-up assessment (Jason, et al., 2006). In addition, Oxford House members had lower incarceration rates and higher monthly incomes than the Usual Aftercare condition (Jason, et al., 2006). Thus, it is clear that this

framework serves as a model of aftercare that is conducive to recovery and may also lead to a reduction in recidivism.

Given the documented success of the Oxford House model, there is a need to separate the key components that may contribute to reduced relapse rates among Oxford House members. One variable that has been identified as a salient factor that promotes success in Oxford House is length of stay (Bishop, Jason, Ferrari & Huang, 1998; Davis & Jason, 2005; Jason, et al., 2007). Research suggested that there are significant differences in outcomes for individuals who stay longer than six months in an Oxford House as compared to those who stay for less than six months (Bishop, et al., 1998; Davis & Jason, 2005; Jason, et al., 2007). Members who stay for more than six months tend to have better outcomes than those who do not (Bishop, et al, 1998). Specifically, members who stay for more than six months frequently leave the house for positive reasons while members who leave before the six month period are often evicted or relapse (Bishop, et al., 1998).

Self-efficacy is an additional factor that was identified as an essential product of the Oxford House model. One study of the Oxford House model investigated the relationship between Oxford House membership and abstinence specific self-efficacy (Majer, et al., 2002). Majer and colleagues (2002) assessed levels of abstinence specific social support and self-efficacy in 100 Oxford House members. The results suggested a positive relationship between length of time in Oxford House, abstinence specific social support and self-efficacy (Majer, et al., 2002). These results emphasize the importance of other house members in

recovery for abstinence from substance use and confidence in maintaining sobriety.

Research also indicated that social support among Oxford House members is an important factor that promotes recovery from substance use (Groh, et al., 2007). Groh and colleagues (2007) surveyed 797 Oxford House members on measures of general and abstinence specific social support. They found that general social support in an abstinence context predicted less drinking among Oxford House members. Thus, social support may be an essential result of the Oxford House model that encourages recovery among its members.

Although the Oxford House model was not developed with gender specific considerations, research on women in Oxford House suggested positive outcomes. d'Arlach and colleagues (2006) explored the relationship between sense of community and the presence of children in women's Oxford Houses and found that women who lived in Oxford House had a very high sense of community. Research also explored stress and coping among men and women who lived in Oxford House and found that women gained more resources than men, although they also reported losing more resources than men (Brown, Davis, Jason & Ferrari, 2006). Viola and colleagues (2009) found that women reported helping other house members more than men and that they believed that their time in Oxford House had encouraged them to become more helpful to others. In addition, the women-only nature of the Oxford House model might empower women to become stronger and more autonomous (Jason, Davis, Ferrari & Bishop, 2001).

The Oxford House model has also been viewed as a mechanism that supports the development of leadership characteristics for women in recovery. Davis, Dziekan, Horin, Jason, Ferrari and Olson (2006) interviewed 40 women who lived in Oxford Houses and identified four core components of leadership within the Oxford House system (Davis, et al., 2006). Participants believed that the major components of leadership for women consisted of: 1) Being a good role model; 2) Being supportive through listening; 3) Solving conflicts effectively; and 4) Being dedicated to recovery. Thus, these qualities may help to promote recovery among women while encouraging the development of leadership skills and abilities.

The Oxford House model has recently been proposed as a means of aftercare for offender populations (Jason, et al., 2008). Many Oxford House members have a history of involvement with the criminal justice system. Research suggested that most Oxford House members have had some type of criminal justice system involvement (d'Arlach, Curtis, Ferrari, Olson & Jason, 2006; Jason, et al., 2006; Jason, et al., 2008). In addition, it is estimated that about 25% of Oxford House members are currently under probation or parole supervision (Jason, et al., 2008). Currently, two studies at the Center for Community Research at DePaul University are investigating outcomes for ex-offenders in Oxford Houses as compared to Usual Aftercare, and in one study, Therapeutic Communities.

It is clear that the Oxford House model integrates important components of recovery, such as requiring abstinence from substance use, providing safety

and security, and promoting social support and self-efficacy, into a community living environment for people in recovery from substance abuse. As such, this model provides not only a safe and sober environment for its members, but also an environment that is conducive to successful recovery because it builds on the strengths of each individual house member as well as the house, collectively. Even though the Oxford House model was not developed specifically for women, research identified specific benefits of Oxford House for women in recovery (Davis, et al., 2006; d'Arlach, et al., 2006; Viola, et al., 2009). Therefore, it is evident that utilizing the Oxford House model as a substance abuse aftercare model for women in recovery and women ex-offenders may have important implications for policy, practice, and professionals.

Empowerment, Women and Oxford House

Empowerment theory suggested that there are many variables that may contribute to empowerment (Zimmerman, 1995) and that empowerment is context specific (Perkins & Zimmerman, 1990; Rappaport, 1984; Riger, 1993; Zimmerman, 1995). The use of the empowerment model has demonstrated utility in designing effective interventions for various populations (Ashburn, et al., 2008; Beeker, et al., 1998; Bennett, et al., 2004; Foster-Fishman & Keys, 1997; Gomez, et al., 1999; Hagquist & Starrin, 1997). Women who use substances often face many challenges accessing and entering treatment programs (Ashley, et al., 2003; Greenfield, et al., 2007), which may, in part, be attributed to the social stigma associated with women's substance abuse (Nelson-Zlupko, et al., 1995; LaFave, et al., 2009. While recent attention has led to the development of gender specific

and single gender programs for women, women often need to be empowered in order to rebuild relationships, care for children, deal with trauma, and find and secure employment following treatment completion (Greenfield, et al., 2007; LaFave, et al., 2009).

Given women's unique pathways to substance abuse and the many challenges and barriers they face, there is a need to empower women to remain abstinent from substance use (Green, 2006; LaFave, et al., 2009; Toussaint, et al., 2007) and to support them in their recovery (Ellis, et al., 2004). The consequences of drug addiction and alcoholism may leave women powerless. Thus, it is necessary to highlight treatment and aftercare models that seek to promote independence, choices, social support, and empowerment among women struggling with addiction (Green, 2006; LaFave, et al., 2009; Toussaint, et al., 2007).

Research on the collateral consequences of a criminal conviction postulated that most offenders are powerless and disenfranchised when they return to the community (Manza & Uggen, 2004). Thus, it is clear that women in recovery and women ex-offenders are a disempowered group that may benefit from an empowerment intervention. The needs of women offenders are well documented, and include housing, social support and substance abuse treatment (Freudenberg, 2002; Freudenberg, 2005; Green, et al., 2005; Harm & Phillips, 2001; Richie, 2001). However, research on recidivism indicates that women often return to prison due to homelessness and relapse (Freudenberg, 2002; Freudenberg, 2005; O'Brien & Lee, 2007). This discrepancy between need and

utilization suggests that most women who need these services do not receive them.

Factors that contribute to the success of the Oxford House model for people in recovery from substance abuse may act as a pathway to empowerment for the people who live there, including women. These factors include a safe living environment (Ferrari, et al., 2006) as well as increased abstinence self-efficacy (Majer, et al., 2002), social support (Groh, et al., 2007) and abstinence from alcohol and/or drugs (Jason, et al., 2006; Jason, et al., 2007). Specific benefits to women in recovery who live in Oxford House include social support (Groh, et al., 2007), a sense of community (d'Arlach, et al., 2006), reciprocal helping behaviors (Viola, et al., 2009), and the development of leadership behaviors (Davis, et al., 2006).

The factors that may contribute to empowerment in the Oxford House model are in accord with many of the components that comprise the PPS-R (Johnson, et al., 2005) and fall under the rubric of Zimmerman's nomological framework (1995). For example, increased abstinence self-efficacy in the Oxford House Model (Majer, et al., 2002) may be linked with increased self-perception in the PPS-R (Johnson, et al., 2005), and fall under the intrapersonal category (Zimmerman, 1995) of psychological empowerment. Likewise, increased autonomy in the Oxford House Model (Jason, et al., 2001) may represent knowledge of available resources in the PPS-R (Johnson, et al., 2005) and fall under the interactional category (Zimmerman, 1995) of psychological empowerment. As noted previously, the PPS-R (Johnson, et al., 2005) does not

contain variables that measure the behavioral component of Zimmerman's (1995) nomological framework. Thus, the factor structure of the PPS-R (Johnson, et al., 2005) may need further development. Both of the factors highlighted above that correspond to the nomological framework may contribute to an underlying process of empowerment that occurs in the Oxford House model, thus making it an effective mechanism of empowerment for women in recovery and who might be ex-offenders.

Rationale

Most empowerment theorists agree that empowerment is a process (Rappaport, 1984; Perkins & Zimmerman, 1995; Zimmerman, 1995) and is context specific ((Rappaport, 1984; Perkins & Zimmerman, 1995; Zimmerman, 1995). Subsequently, the factors that comprise this process will appear different for various populations (Zimmerman, 1995). As a measure of empowerment, the PPS-R (Johnson, et al., 2005) was conceptualized to include not only variables that may apply to a general population of women, such as autonomy, perceptions of power and competence, and personal strength/social activism, but also specific variables that may have special meaning for women who live in Oxford Houses, such as gendered and cultural discrimination and resource access.

This exploratory study examined the factors that support empowerment in the Personal Progress Scale-Revised (Johnson, et al., 2005). Although seven factors were originally hypothesized to measure the process of empowerment in the PPS-R (Johnson, et al., 2005), all seven factors were highly inter-correlated with each other. Thus, the scale was merely used as a one-factor measure of

empowerment. In addition, it may be that important factors of empowerment, such as knowledge of access to resources in the community and participation in helping behavior, were not accurately evaluated by this measure. Furthermore, this measure contained no variables that seek to measure the behavioral component of psychological empowerment (Zimmerman, 1995). Therefore, it is important to investigate the factor structure of the PPS-R (Johnson, et al., 2005) in order to explore the factors that contribute to psychological empowerment among women in recovery and women ex-offenders who live in Oxford Houses.

As outlined in Table 1, it was hypothesized that the PPS-R (Johnson, et al., 2005) contained three factors which aligned with Zimmerman's (1995) nomological framework: intrapersonal, interactional, and behavioral. Zimmerman (1995) described the intrapersonal category as consisting of variables that relate to perceptions of self. The PPS-R (Johnson, et al., 2005) currently separated these factors into smaller categories: perceptions of power and competence, self-nurturance, personal strength, expression of anger and confrontation, and autonomy. It was hypothesized that combining the five smaller factors would result in one overarching factor of intrapersonal empowerment (items 1, 2, 4, 6, 9, 10, 12, 13, 15, 16, 17, 19, 20, 21, 23, 26, 28).

The interactional category of the nomological framework (1995) consisted of variables that include awareness of community resources, knowledge of causal factors, and interactions with the environment. As such, the PPS-R (Johnson, et al., 2005) was hypothesized to contain variables that measure interpersonal

assertiveness, awareness of cultural discrimination, resource access, and social activism. It is important to note that resource access is an important component of empowerment (Zimmerman, 1995); however, it was not explicitly assessed by this measure. Thus, it was necessary to add five questions that explicitly examined

Table 1

Hypothesized Framework of Empowerment

Intrapersonal	Interactional	Behavioral
Perceptions of Power and Competence	Interpersonal Assertiveness	Participation in helping behavior
Self-Nurturance/Personal strength	Awareness of cultural discrimination	Participation in leadership activities
Expression of anger/confrontation	Resource access	Participation in house activities
Autonomy	Social Activism	Participation in community activities

knowledge of access of to resources in the community (added questions 1, 2, 3, 4, 5). Integrating the smaller factors with the added questions created an overarching interactional factor (items 3, 5, 7, 8, 11, 14, 18, 22, 24, 25, 27, and added questions 1, 2, 3, 4, 5) in accord with Zimmerman's nomological framework of psychological empowerment.

The PPS-R (Johnson, et al., 2005) did not include questions to measure the behavioral component of Zimmerman's (1995) nomological framework. Thus, it was hypothesized that by adding questions that target specific actions and behaviors, a third factor would be identified in the PPS-R (Johnson, et al., 2005) that would correspond with the behavioral component of the nomological framework. For example, variables that sought to measure participation in helping behavior, leadership activities, house level activities and community activities would fall under this category by identifying participation in specific activities. Thus, questions that sought to measure these variables were added to the PPS-R (Johnson, et al., 2005) to align the factor structure with Zimmerman's nomological framework (added questions 6-20). To identify the factor structure of the PPS-R (Johnson, et al., 2005), an exploratory factor analysis was conducted to determine if this measure represents empowerment for women ex-offenders.

Self-esteem is a construct that is closely related to empowerment but is not a measurement of empowerment. The Rosenberg Self-Esteem scale (Rosenberg, 1965) has often been used as an additional measure when assessing empowerment (Bennett, et al., 2004; Zimmerman, 1995; Zimmerman, 2000). Therefore, it was important to confirm that the RSE (Rosenberg, 1965) positively correlates with the PPS-R (Johnson, et al., 2005).

Previous research on Oxford House identified six months as a critical timepoint for positive outcomes among house members (Bishop, et al., 1998; Davis & Jason, 2005; Jason, et al., 2007). Specifically, research found that residents who lived in an Oxford House for six months or more had lower relapse

and criminal recidivism rates than residents who left prior to six months (Bishop, et al., 1998; Jason, et al., 2007). In accord with these findings, it was important to determine if the factors of empowerment identified by the factor analysis of the PPS-R (Johnson, et al., 2005) were significantly different for women who have lived in an Oxford House for less than six months as compared to six months or more.

Secondary to the investigation of the factor structure of the PPS-R (Johnson, et al., 2005) are hypotheses that incorporate the PPS-R (Johnson, et al., 2005) with variables that are salient in previous research for the subset of women ex-offenders who live in Oxford House. Women involved in the criminal justice system often leave the system disenfranchised (Manza & Uggen, 2004; Olivares, et al., 1996; Pogorzelski et al., 2005) and with many unmet needs. As a model of aftercare, the Oxford House Model has many characteristics that address these deficits, such as women-only houses (Oxford House Manual, 2008), drug and alcohol abstinence (Oxford House Manual, 2008), social support (Groh, et al., 2007), self-efficacy (Majer, et al., 2002), and the development of leadership skills and abilities (Davis, et al., 2006). These characteristics may facilitate the process of empowerment for women ex-offenders and therefore lead to an increase in effective reentry services as well as a reduction in recidivism. Thus, the secondary purpose of the present study was to investigate the Oxford House model as an empowering pathway for the specific population of women offenders.

An additional variable that may predict empowerment scores in addition to the characteristics of Oxford House is length of time lived in Oxford House

(Bishop, et al., 1998; Davis & Jason, 2005; Jason, et al., 2007). Likewise, it was hypothesized that two variables would have a confounding effect on women's empowerment scores: length of time in recovery, and length of time since last criminal conviction. It was hypothesized that length of time in recovery may be a confounding variable in this study because individuals with longer periods of time in recovery may have had more supports in place to remain abstinent from drug and alcohol use. Likewise, past research (BJS, 2002) suggested length of time since last criminal conviction may be important because the likelihood of recidivism decreases the longer an offender remains in society. Thus, the present study utilized length of time in Oxford House as a predictor of high empowerment scores while controlling for length of time in recovery and length of time since last criminal conviction.

Hypotheses

Hypothesis 1: The PPS-R (Johnson, et al., 2005) is a measurement of empowerment for women that is comprised of three factors (intrapersonal (1, 2, 4, 6, 9, 10, 12, 13, 15, 16, 17, 19, 20, 21, 23, 26, 28); interactional (items 3, 5, 7, 8, 11, 14, 18, 22, 24, 25, 27, and added questions 29, 30, 31, 32, 33); and behavioral (added questions 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48).

Hypothesis 2: The factors identified as factors of empowerment in the PPS-R (Johnson, et al., 2005) will positively correlate with scores on the Rosenberg Self-Esteem Scale (RSE).

Hypothesis 3: Participants who lived in an Oxford House for six months or more will have higher scores of empowerment than participants who lived in an Oxford House for less than 6 months.

Hypothesis 4: Participant's length of stay in Oxford House will predict empowerment scores beyond length of time in recovery and length of time since last criminal conviction for women ex-offenders.

CHAPTER II

METHOD

Participants

A total of 296 women Oxford House members located throughout the United States participated in this study. Participants were offered the opportunity to be entered in a raffle to win a $25 VISA gift card as an incentive to participate. Participants represented 21 states, with most women residing in Washington (19.3%; 57), Oregon (16.6%; 49), Illinois (13.5%; 40), and North Carolina (13.2%; 39). Respondents completed the survey by mail (N = 173), through a local Oxford House recruiter (N = 36) and online (N = 54). In addition, thirty three women completed the survey at the Oxford House World Convention in September of 2009. The total number of surveys mailed was 1086 to 158 Oxford Houses which resulted in a 15.93% individual response rate (173 surveys returned) from 29.11% (46) of the Oxford Houses.

Participants average age was 39.31 years (*SD* = 10.28) and most were Caucasian (67.9%; 195) and African American (24.4%; 70). Other represented ethnic backgrounds included American Indian/Alaskan Native (6.3%; 18), Asian/Pacific Islander (0.7%; 2), and Latina (0.7%; 2). More than half of the women surveyed had participated in at least some college education or had a college degree (58.5%; 172). Of the 296 total participants, most had never been married (44.7%; 132) or were divorced (35.3%; 104) and most had at least one child (74.2%; 219). Most respondents were working (60.1%; 176) at the time of participation in the study. Participants reported a median length of time in

recovery from substance use of 12 months (M = 23.69, SD = 31.94) and a median length of time residing in Oxford House of 6 months (M = 10.57, SD = 12.29). Most participants in this study had lived in Oxford House for six months or more (55%; 159).

More than ¾ of participants had been arrested at least one time (82.0%; 241), and a very high proportion of the women arrested had been convicted of a crime (90.0%; 217). Participants reported a median of four arrests in their lifetime (M =8.71, SD = 19.10). Slightly more than half of participants who were arrested reported being convicted of a felony (59.3%; 143). Even though most participants had been arrested, only slightly more half of those arrested (59.8%; 144) considered themselves to be an ex-offender. Participants reported a median length of time since their last criminal conviction (misdemeanor and/or felony) of 33 months (M = 53.28, SD = 62.53).

Materials

The *Personal Progress Scale-Revised* (PPS-R) is a 28-item, seven point Likert scale that yields an overall empowerment score while incorporating gendered and cultural empowerment throughout the measure (Johnson, et al., 2005). Questions were developed to specifically target these themes, such as "I am aware of my own strength as a woman" and "I understand how my cultural heritage has shaped who I am today." Previous research indicated that this measure exhibited internal reliability (α=.88) and demonstrated factorial, convergent and discriminant validity (Johnson, et al., 2005).

Theory suggested that knowledge of resources in the community is a factor of psychological empowerment (Rogers et. al, 1997; Zimmerman, 1995). Thus, it was hypothesized that participation in helping behavior could also be a feature of empowerment. To enhance the relevance of the scale to the Oxford House population, 20 questions were added to the PPS-R. Five questions were added to measure knowledge of resources in the community (i.e. "I am aware of places in the community that will help me find jobs"), ten questions were added to measure participation in community activities and helping behavior (i.e. "I participate in activities to help other people like me improve the quality of their lives), and five questions were added to assess leadership behaviors (i.e. "I act as a good role model") based on leadership characteristics that were identified among women Oxford House members (Davis, et al., 2006); See Appendix B for question and answer categories). All answers were recorded on a seven-point Likert scale ranging from "Almost never" to "Almost always," with a high score suggesting high empowerment. See Table 2 for item means and standard deviations of the PPS-R.

The *Rosenberg Self-Esteem Scale* (RSE) is a 10-item, four point Likert scale (Strongly Agree to Strongly Disagree) that measures an individual's global feeling of self-worth (Gray-Little, Williams, & Hancock, 1997; Rosenberg, 1965). Scores ranged from 10 to 40, with a high score indicating high self esteem. Participants average self esteem scores were high, ($M = 30.63$; $SD = 5.88$). The RSE demonstrated excellent reliability in this study, $\alpha = 0.89$.

Table 2

Means and Standard Deviations for the PPS-R

Item	Mean	SD
1. I have equal relationships with important others in my life.	5.03	1.35
2. It is important to me to be financially independent.	6.15	1.16
3. It is difficult for me to be assertive with others when I need to be.	4.38	1.78
4. I can speak up for my own needs instead of always taking care of other people's needs.	4.85	1.53
5. I feel prepared to deal with the discrimination I experience in today's society.	5.05	1.49
6. It is difficult for me to recognize when I am angry.	5.25	1.71
7. I feel comfortable confronting my instructor/counselor/supervisor when we see things differently.	4.78	1.65
8. I now understand how my cultural heritage has shaped who I am today.	4.53	1.76
9. I give into others so as not to displease or anger them.	4.55	1.73
10. I don't feel good about myself as a woman.	5.17	1.79
11. When others criticize me, I do not trust myself to decide if they are right or if I should ignore their comments.	4.92	1.70
12. I realize that given my current situation, I am coping the best I can.	5.73	1.35
13. I am feeling in control of my life.	5.04	1.61
14. In defining for myself what it means to be attractive, I depend on the opinions of others.	4.56	1.86
15. I can't seem to make good decisions in my life.	4.80	1.68
16. I do not feel competent to handle the situations that arise in my everyday life.	5.53	1.55

Table 2 (continued)

Means and Standard Deviations for the PPS-R

Item	Mean	SD
17. I am determined to become a fully functioning person.	6.42	0.94
18. I do not believe there is anything I can do to make things better for women like me in today's society.	5.77	1.65
19. I believe that a woman like me can succeed in any job or career that I choose.	5.95	1.50
20. When making decisions about my life, I do not trust my own experience.	5.02	1.61
21. It is difficult for me to tell others when I feel angry.	4.81	1.74
22. I am able to satisfy my own sexual needs in a relationship.	4.79	1.85
23. It is difficult for me to be good to myself.	4.60	1.76
24. It is hard for me to ask for help or support from others when I need it.	4.24	1.83
25. I want to help other women like me improve the quality of their lives.	5.89	1.41
26. I feel uncomfortable in confronting important others in my life when we see things differently.	4.38	1.74
27. I want to feel more appreciated for my cultural background.	4.38	1.86
28. I am aware of my own strengths as a woman.	5.41	1.55
29. I am aware of where to get substance abuse treatment in my community.	6.50	1.01
30. I am aware of where to go for housing assistance in my community.	5.51	1.83
31. I am aware of how to get help with parenting or childcare costs in my community.	4.85	2.25

Table 2 (Continued)

Means and Standard Deviations for the PPS-R

Item	Mean	SD
32. I am aware of places in my community that will help me find jobs.	5.39	1.83
33. I am aware of places in my community that will help me get the education that I want.	5.47	1.74
34. I participate in activities to help other people like me improve the quality of their lives.	5.14	1.80
35. I participate in weekly house business meetings.	6.55	1.13
36. I am active in organizations in my community.	4.07	2.04
37. I currently volunteer with an organization in my community.	3.41	2.26
38. I participate in activities in my neighborhood.	2.54	1.94
39. I am active in activities to give back to my community.	3.44	2.19
40. It is too difficult for me to participate in activities in my community.	4.89	1.97
41. I don't have the time to volunteer in my community.	4.48	2.01
42. I participate in 12-step meetings outside my house.	6.14	1.50
43. I am not interested in holding an office position (president, vice-president, comptroller, etc) in my house.	5.60	2.11
44. I believe I act as a good role model for other women.	5.59	1.47
45. I actively support other women by listening to them.	6.21	1.07
46. I am able to solve conflicts without losing my temper.	5.49	1.37
47. I currently have a leadership role in my house or chapter.	5.64	2.09
48. I have (or I am) a sponsor.	5.14	2.47

N = 242

Procedure

Women living in Oxford Houses throughout the United States were asked to complete the demographic questionnaire, PPS-R and the RSE. Consent was obtained before the survey was administered to each participant. Potential participants were offered the opportunity to complete the survey by mail or online. Additional data was recruited by an Oxford House recruiter from DePaul University, who distributed paper versions of the survey to women residents in the greater Chicago area, and at the annual Oxford House World Convention, which was held in Washington D.C. in September of 2009.

In order to recruit women from throughout the United States, all women's Oxford Houses in the United States listed in the Oxford House directory were contacted by phone to introduce the study and ask if house members were 1) interested in participating and 2) preferred an online or paper-based survey. The survey was easily accessed online through SurveyMonkey (www.surveymonkey.com, 2009), a secured web-based data collection tool. Subsequently, each house/individual respondent who indicated they had internet access in their house, wanted to participate in the online version of the survey and provided an email address (individual or house) was emailed a link to the SurveyMonkey website to participate in the study.

Members of Oxford Houses who were not interested in completing the survey online were asked if they would be interested in completing the survey by mail. Each interested house was subsequently mailed a packet that contained copies of the instructions and the surveys with a pre-paid postage return envelope

for the current number of women residents. Follow-up phone calls were made four to six weeks after survey distribution in order to remind house members to complete and mail back the surveys.

In addition to the recruitment strategies outlined above, women Oxford House members who attended the Oxford House World Convention located in Washington DC in September of 2009 were asked to participate in this study. Participants at the convention were given a candy bar when they returned a completed survey, and were not entered into the raffle.

CHAPTER III

RESULTS

The first hypothesis predicted that an exploratory factor analysis (EFA) of the item scores on the PPS-R (Johnson, et al., 2005) with twenty added questions would result in three factors: intrapersonal, interactional, and behavioral. In order to test this hypothesis, an exploratory factor analysis of the total 48 items was conducted on responses from 242 participants in the study.

Prior to conducting the exploratory factor analysis, the data were examined for factorability. First, the correlation matrix for the 48-item scale (See Appendix D for the full correlation matrix) was examined in order to eliminate items that did not correlate at the 0.30-0.80 level with at least three additional items (Pett, Lackey & Sullivan, 2003). Subsequently, eight items were removed from future analyses (6, 8, 26, 27, 41, 42, 43, and 48). The inter-item correlation matrix was examined after these items were removed to affirm that all remaining items still met the above criteria. Consequently, one additional item (47) was removed because it did not correlate at the 0.30-0.80 level with at least three additional items. See Table 2 for the means and standard deviations of each item.

An important consideration for EFA is sample size. Although there is some disagreement on the appropriate sample size, research most often recommended the sample size should be between five and ten participants per item in order to conduct EFA (Fabrigar, Wegener, MacCullum & Strahan, 1999). Because missing data was excluded listwise from each EFA, participants were not included in the analysis if one response from the scale was missing. Thus, the

beginning sample size was 242 participants. After removing the items with low inter-correlations, there were 39 items in the scale, for an average of 6.21 participants per item. Listwise deletion was chosen because it provides a more accurate representation of sample size. Because missing cases were deleted from the analysis listwise, participants with one response from the scale missing were dropped from each analysis. As a result, when items are removed from each analysis, the sample size subsequently increases to reflect the number of participants who answered the smaller number of items in that analysis.

Principle Axis Factoring with Oblique (Direct Oblimin) rotation was performed on the remaining 39 items with three factors specified. Direct Oblimin rotation was chosen in order to allow the factors to correlate. In order to determine if the data were factorable, multiple indicators of sampling adequacy and factorability were examined. The determinant, an evaluation of the factorability of the matrix, was examined and was 5.64E-008, which suggested that the data were factorable, and not an identity matrix. The Kaiser-Meyer-Olkin Test (KMO) was 0.86 and Bartlett's Test of Sphericity was significant, x^2 (703) = 3930.86, $p < .001$, which indicated that the sample size was adequate to perform factor analysis. The individual Measure of Sampling Adequacy (MSA) for each item was examined and all met the recommended criteria of above 0.70 (Pett, et a., 2003). The initial three factor model explained a cumulative total of 35.31% of the variance in the model with Factor 1 accounting for 22.07% of the variance (Eigenvalue = 8.39); Factor 2 accounting for 7.27% of the variance (Eigenvalue = 2.76); and Factor 3 accounting for 5.97% of the variance in the model

(Eigenvalue = 2.27). The pattern matrix of the initial three factor EFA was examined, and it was noted that all but one (item 40) of the negatively stemmed items loaded on one factor (See Appendix E for the original pattern matrix). Given the possibility of method effects in the responses to these questions and research that suggested that negatively stemmed items in self report surveys can lead to measurement error (Schriesheim & Eisenbach, 1995), a decision was made to remove all negatively stemmed items (13) from further analyses (Items 3, 9, 10, 11, 14, 15, 16, 18, 20, 21, 23, 24, and 40).

In order to determine the most parsimonious and theoretically sound factor structure, EFA was performed with the remaining 26 items on data from 257 participants. The factorability and sampling adequacy of the data were adequate, as the Determinant was 1.02E-005; the KMO = 0.89; Bartlett's Test of Sphericity x^2 (325) = 2833.55, $p < .0001$. A three factor model was specified using Principal Axis Factoring with Oblique (Direct Oblimin) rotation. The three factor model explained a cumulative 42.47% of the variance, with Factor 1 accounting for 27.29% (Eigenvalue = 7.10); Factor 2 accounting for 9.47% (Eigenvalue = 2.46); and Factor 3 accounting for 5.71% (Eigenvalue = 1.48) of the total variance.

The scree plot was examined in order to determine the correct number of factors. The recommended criterion for identifying the number of factors using the scree plot suggested that factors be retained before the last 'drop' on the plot of the eigenvalues (Fabrigar, et al., 1999). Results from the initial scree plot suggested a three or four factor model (See Appendix F for the original scree plot).

The pattern matrix revealed three distinct factors: Factor 1 consisted of a combination of the hypothesized intrapersonal/interactional/behavioral items; Factor 2 consisted of behavioral items; and Factor 3 consisted of items evaluating knowledge of community resources. However, given the possibility of a four factor model as indicated by the subjective criteria recommended when using the scree plot, a four factor model was also examined.

A four factor model was specified using Principal Axis Factoring with Oblique (Direct Oblimin) rotation, and explained a cumulative 46.65% of the variance, with Factor 1 accounting for 27.44% (Eigenvalue = 7.14); Factor 2 accounting for 9.53% (Eigenvalue = 2.48); Factor 3 accounting for 5.77% (Eigenvalue = 1.50); and Factor 4 accounting for 3.90% (Eigenvalue = 1.02) of the variance explained. The fourth factor in the four factor model included questions that were specific to women Oxford House members, however; many of these items had low communalities and would subsequently have to be removed from future analyses (<0.30). The second and third factors of the four factor model remained the same as in the three factor model. Based on the results from the scree plot (suggesting a 3 or 4 factor structure), theoretical considerations, low communalities of items on the fourth factor in the four factor model, and the suggested criteria for retaining the number of factors based on the amount of variance explained by each factor (greater than 5%) (Pett, et al., 2003), the three factor model was determined to be the best fit to the data.

Further examination of the three factor model suggested that two items (2, 22) had low initial communalities (< 0.30) which indicated that it was possible

that those items were not related to the other variables (Fabrigar, et al., 1999; MacCullum, Widaman, Preacher & Hong, 2001). Thus, each item was removed sequentially from further analyses. After removing item 2, the remaining 25 items continued to meet the criteria for factorability (Determinant = 1.43E-005; KMO = 0.891; Bartlett's Test of Sphericity x^2 (300) = 2753.42, $p < .0001$), and the cumulative variance explained was 43.25%, with Factor 1 accounting for 27.75% (Eigenvalue = 6.94); Factor 2 accounting for 9.72% of the variance (Eigenvalue = 2.43); and Factor 3 accounting for 5.78% (Eigenvalue = 1.45) of the total variance. Item 22 continued to have an initial communality of less than 0.30, and was removed from the analysis, which resulted in a slight increase in the cumulative amount of variance explained in the model (44.22%). After the sequential removal of items 2 and 22, the initial communalities were again examined for the remaining 24 items. Item 1 did not have an initial communality of at least 0.30, and was subsequently removed from the analysis (23 items). After removing item 1, the model continued to demonstrate adequate factorability, a slight increase in the total amount of variance explained (44.86%), and no remaining items with initial communalities of less than 0.30.

An examination of the pattern matrix identified two items (34, 35) that did not meet the pre-determined cut-off of 0.40 for factor loadings. After removing item 34 (22 items), the three factor structure explained a cumulative 45.15% of the variance in the model. An examination of the item communalities revealed a subsequent decrease in the initial communality of item 35 (< 0.30), thus, item 35 was also removed from the analysis which resulted in 21 items. After removing

item 35 from the analysis, the three factor structure explained a total of 46.65% of the variance, with Factor 1 accounting for 29.09% (Eigenvalue = 6.11), Factor 2 accounting for 10.90% (Eigenvalue = 2.29), and Factor 3 accounting for 6.66% (Eigenvalue = 1.40) of the variance in the model.

The pattern and structure matrices of this three factor structure were examined in order to examine theoretical relevance. Factor 1 consisted of 13 items that were a combination of the hypothesized intrapersonal and interactional factors, and also included three items developed to measure leadership behaviors; Factor 2 contained four items hypothesized to measure behavioral empowerment; and Factor 3 included four items measuring knowledge of resources in the community. A closer examination of Factor 1 revealed that item 29, "*I am aware of where to get substance abuse treatment in my community*," did not theoretically align with the other items on the factor, because all of the resource knowledge questions loaded on Factor 3. Research on scale development and factor analysis highlighted the importance of content validity of the individual items that load on factors because statistical methods do not necessarily result in theoretical cohesion (Smith & McCarthy, 1995). Thus, item 29 was removed from the analysis based on the lack of theoretical support for its loading on the intrapersonal factor (Smith & McCarthy, 1995).

The final EFA utilizing Principal Axis Factoring with Oblique (Direct Oblimin) rotation was conducted on the remaining 20 items. In the final analysis, the data were deemed factorable (Determinant = 0.0001; KMO = 0.87; Bartlett's Test of Sphericity x^2 (190) = 2301.57, $p < .0001$). All of the individual MSA's

were > 0.70 and all of the initial communalities were > 0.30. The three factor structure explained a total of 46.91% of the variance, with Factor 1 (12 items) accounting for 28.73% (Eigenvalue = 5.75), Factor 2 (4 items) accounting for 11.21% (Eigenvalue = 2.24), and Factor 3 accounting for 6.97% (Eigenvalue = 1.39) of the variance. Factor 1 consisted of items hypothesized to measure intrapersonal, interactional, and behavioral components of empowerment (Items 4, 5, 7, 12, 13, 17, 19, 25, 28, 44, 45, and 46), however; theoretically it remained consistent with perceptions of self and was thus named the Intrapersonal Scale. Factor 2 was comprised of items developed to assess participation in community/organizational activities (Items 36, 37, 38, and 39) and was named the Behavioral Scale, and Factor 3 consisted of items created to evaluate knowledge of community resources (Items 30, 31, 32, and 33) and was named the Interactional scale.

The pattern matrix and structure matrices for the final EFA are presented in Tables 3 and 4, with factor loadings below 0.10 suppressed.

Table 3
Pattern Matrix of Rotated Factor Loadings (Direct Oblimin) and Communalities for the Three Factor Model of the PPS-R.

Item	Factor Loadings			
	1	2	3	h^2
44. I believe I act as a good role model for other women.	**.79**	.19		.64
28. I am aware of my own strengths as a woman.	**.65**		.15	.54
13. I am feeling in control of my life.	**.63**			.44
25. I want to help women like me improve the quality of their lives.	**.62**		-.13	.32
45. I actively support other women by listening to them.	**.61**			.45
7. I feel comfortable confronting my instructor/counselor/supervisor when we see things differently.	**.56**			.29
5. I feel prepared to deal with the discrimination I experience in today's society.	**.56**			.30
4. I can speak up for my own needs instead of always taking care of other people's needs.	**.55**			.32
12. I realize that given my current situation, I am coping the best I can.	**.51**			.27
17. I am determined to become a fully functioning person.	**.51**	-.11	.10	.31
19. I believe that a woman like me can succeed in any job or career I choose.	**.51**			.29

Table 3 (Continued)

Pattern Matrix of Rotated Factor Loadings (Direct Oblimin) for the Three Factor Model of the PPS-R.

Item	Factor Loadings			
	1	2	3	h^2
46. I am able to solve conflicts without losing my temper.	**.46**		.10	.28
39. I am active in activities to give back to my community.		**.81**		.68
37. I currently volunteer with an organization in my community.	-.10	**.79**		.62
36. I am active in organizations in my community.		**.77**		.62
38. I participate in activities in my neighborhood.		**.71**		.51
32. I am aware of places in my community that will help me find jobs.			**.80**	.71
31. I am aware of how to get help with parenting or childcare costs in my community.			**.79**	.58
30. I am aware of where to go for housing assistance in my community.			**.77**	.61
33. I am aware of places in my community that will help me get the education that I want.	.20		**.66**	.59

N = 266

Table 4
Structure Matrix of Rotated Factor Loadings (Direct Oblimin) for the Three Factor Model of the PPS-R.

Item	Factor Loadings		
	1	2	3
44. I believe I act as a good role model for other women.	**.78**	.30	.32
28. I am aware of my own strengths as a woman.	**.72**	.15	.45
13. I am feeling in control of my life.	**.66**	.11	.36
45. I actively support other women by listening to them.	**.66**	.21	.38
4. I can speak up for my own needs instead of always taking care of other people's needs.	**.56**		.27
25. I want to help women like me improve the quality of their lives.	**.56**		.16
5. I feel prepared to deal with the discrimination I experience in today's society.	**.55**		.23
7. I feel comfortable confronting my instructor/supervisor/counselor when we see things differently	**.54**	.11	.20
17. I am determined to become a fully functioning person.	**.54**		.32
19. I believe that a woman like me can succeed in any job or career I choose.	**.53**		.30
46. I am able to solve conflicts without losing my temper.	**.52**	.16	.33
12. I realize that given my current situation, I am coping the best I can.	**.52**		.26

Table 4 (Continued)

Structure Matrix of Rotated Factor Loadings (Direct Oblimin) for the Three Factor Model of the PPS-R.

Item	Factor Loadings		
	1	2	3
39. I am active in activities to give back to my community.	.23	**.82**	.20
36. I am active in organizations in my community.	.21	**.79**	.22
37. I currently volunteer with an organization in my community.		**.78**	.15
38. I participate in activities in my neighborhood.	.11	**.72**	.17
32. I am aware of places in my community that will help me find jobs.	.45	.20	**.84**
30. I am aware of where to go for housing assistance in my community.	.37	.21	**.78**
31. I am aware of how to get help with parenting or childcare costs in my community.	.29	.19	**.76**
33. I am aware of places in my community that will help me get the education that I want.	.51	.17	**.75**

N = 266

Table 5
Factor Correlation Matrix

	Intrapersonal	Behavioral	Interactional
Intrapersonal	--	.16	.46
Behavioral	--	--	.21
Interactional	--	--	--

$N = 282$

As shown above in Table 5, the Intrapersonal factor was positively correlated with the Behavioral factor ($r = 0.16$) and the Interactional factor ($r = 0.46$). The Behavioral and Interactional factors were also positively correlated ($r = 0.21$). In addition, each factor was analyzed for reliability to ensure that the items were consistently measuring the same construct. All three factors demonstrated excellent reliability, Intrapersonal: $\alpha = 0.86$; Behavioral: $\alpha = 0.86$; and Interactional: $\alpha = 0.86$.

To test the remaining hypotheses, it was necessary to create factor scores. The coarse method of creating factor scores consists of creating a sum or an average of each factor and using the sum or average as the factor score (Grice, 2001). Thus, the means of the items comprising the Intrapersonal ($M = 5.53$, $SD = 0.90$), Interactional ($M = 5.32$, $SD = 1.61$), and Behavioral ($M = 3.37$, $SD = 1.76$) subscales were computed using PASW version 17 statistical software.

Table 6

Correlation Matrix of Each Factor and RSE Scores

Factors	RSE
Intrapersonal	0.63**
Behavioral	0.13*
Interactional	0.44**

$N = 266$

*p<.05. **p<.01.

In order to determine if each of the three factors of the PPS-R correlated with scores on the RSE, the relationships between each factor of psychological empowerment and RSE scores were examined and are presented above in Table 6. As predicted, each individual factor of the PPS-R positively correlated with scores on the RSE, with a stronger relationship between the RSE and intrapersonal ($r = 0.63$) and interactional ($r = 0.44$) empowerment than behavioral empowerment ($r = 0.13$).

To test hypothesis III, independent samples t-tests were conducted to examine the mean difference in empowerment scores for women who had lived in an Oxford House for less than six months ($N = 123$) as compared to women who had lived in an Oxford House for 6 months or more ($N = 136$). The results revealed that there was a significant difference for the intrapersonal factor, $t(257) = -2.75$, $p < .05$, and interactional factor, $t(257) = -2.43$, $p < .05$, between the two

groups. Specifically, women who lived in an Oxford House for six months or more had significantly higher scores on the intrapersonal ($M = 5.69$; $SD = 0.83$) and interactional ($M = 5.53$; $SD = 1.60$) subscales than women who lived in an Oxford House for less than 6 months [Intrapersonal ($M = 5.38$; $SD = 0.93$) and interactional ($M = 5.05$; $SD = 1.56$)]. There was no significant difference between groups for the behavioral subscale of psychological empowerment, $t(255.08) = -1.41$, $p = .16$. The results of this analysis generally support the hypothesis that length of time in Oxford House contributes to increased empowerment.

Hierarchical linear regression models (Howell, 2006) were created for each factor of empowerment in order to examine if amount of time lived in Oxford House predicted intrapersonal, interactional, and behavioral empowerment scores beyond length of time since last criminal conviction and length of time in recovery for women who identified themselves as ex-offenders (Hypothesis IV). The natural log of each predictor variable was created in order to account for outliers and non-normal distributions of the data, such as women who reported 20-25 years in recovery or since their last criminal conviction. The means, standard deviations and intercorrelations between the predictor and dependent variables are presented in Table 7.

Table 7

Means, Standard Deviations, and Intercorrelations for Predictor and Dependent Variables

Variable	*M*	*SD*	1	2	3	4	5	6
Intrapersonal	5.61	0.89	--	.49**	.17*	.32**	.24**	.20*
Interactional	5.38	1.58		--	.24**	.12	.08	.13
Behavioral	3.29	1.79			--	.19*	.08	.12
Recovery	1.12	0.49				--	.46**	.66**
Conviction	1.42	0.52					--	.29**
Oxford House	0.77	0.53						--

$N = 125$

*p<.05. **p<.01.

The first model examined the impact of length of time in Oxford House while controlling for length of time since last criminal conviction and length of time in recovery for 125 women who self-identified as ex-offenders. Length of time since last criminal conviction and length of time in recovery were entered in Step 1 and explained 11.4% of the variance in Intrapersonal scores, F (2, 124) = 7.85, $p < .001$. In the first model, length of time in recovery was a significant predictor of intrapersonal empowerment ($\beta = .26$, $p < .05$) while controlling for length of time since last criminal conviction. However, length of time since last criminal conviction was not a significant predictor of intrapersonal empowerment

($\beta = .13$, $p = .17$). In Step 2, Length of time lived in Oxford House was entered into the equation, $F(3, 124) = 5.19$, $p < 0.01$. Although the hierarchical linear regression model remained significant, there was no change in R^2, suggesting that adding the Oxford House variable did not add to variance explained by the model. In the second model, length of time in recovery continued to be a significant predictor of intrapersonal empowerment ($\beta = .26$, $p < .05$), while controlling for length of time in Oxford House ($\beta = -.01$, $p = .96$) and length of time since last criminal conviction ($\beta = .13$, $p = .17$). Thus, the results did not support the hypothesis that length of time in Oxford House would significantly predict intrapersonal empowerment scores above and beyond length of time in recovery and length of time since last criminal conviction. Results of the hierarchical linear regression model are presented in Table 8.

Table 8

Hierarchical Linear Regression Model for Months in Oxford House Predicting Intrapersonal Empowerment Scores beyond Length of Time in Recovery and Since Last Criminal Conviction

Variable	*B*	*SE B*	β
Step 1			
Recovery	0.47	0.17	.26*
Conviction	0.22	0.16	.13
Step 2			
Recovery	0.49	0.21	.26*
Conviction	0.22	0.16	.13
Oxford House	-0.09	0.19	-.01

$N = 125$

*p<.05.

A second hierarchical linear regression model was performed on the data in order to determine if length of time lived in Oxford House predicted Interactional empowerment scores while controlling for length of time in recovery and length of time since last criminal conviction. In contrast to the proposed hypothesis, the results from this analysis were not significant, $F(3, 124) = 0.83$, $p = .48$. Neither length of time in recovery ($\beta = .03$, $p = .80$) nor length of time since last criminal conviction ($\beta = .04$, $p = .68$) predicted Interactional empowerment

scores. Likewise, Oxford House (β = .10, p = .39) was not a significant predictor of interactional scores. The results of this analysis are presented below in Table 9.

Table 9

Hierarchical Linear Regression Model for Months in Oxford House Predicting Interactional Scores beyond Length of Time in Recovery and Since Last Criminal Conviction

Variable	*B*	*SE B*	β
Step 1			
Recovery	0.30	0.32	0.09
Conviction	0.13	0.30	0.43
Step 2			
Recovery	0.10	0.39	0.31
Conviction	0.13	0.30	0.41
Oxford House	0.30	0.34	0.10

N = 125

The final hierarchical regression model investigated if length of time in Oxford House predicted the behavioral subscale of empowerment beyond length of time in recovery and length of time since last criminal conviction. The hypothesis that length of time in Oxford House would predict behavioral empowerment scores above and beyond length of time in recovery and length of

time since last criminal conviction was not supported, F (2 ,124) = 1.44 , p = .24.

Results from this analysis are presented below in Table 10.

Table 10

Hierarchical Linear Regression Model for Months in Oxford House Predicting Behavioral Empowerment Scores beyond Length of Time in Recovery and Since Last Criminal Conviction

Variable	*B*	*SE B*	β
Step 1			
Recovery	0.58	0.36	.16
Conviction	-0.09	0.34	-.03
Step 2			
Recovery	0.57	0.45	.16
Conviction	-0.09	0.34	-.03
Oxford House	0.02	0.39	.01

N = 125

SUPPLEMENTAL ANALYSIS

Table 11

Hierarchical Linear Regression Model for Interactional Empowerment Predicting Behavioral Empowerment beyond Intrapersonal Empowerment

Variable	*B*	*SE B*	β
Step 1			
Intrapersonal	0.36	0.12	0.19**
Step 2			
Intrapersonal	0.19	0.13	0.10
Interactional	0.21	0.07	0.19**

$N = 266$

A supplemental analysis was performed with the full dataset of 266 participants in order to determine if intrapersonal empowerment and interactional empowerment were predictive of behavioral empowerment. Specifically, it was hypothesized that interactional empowerment would predict behavioral empowerment scores above and beyond intrapersonal empowerment.

Intrapersonal empowerment was entered into Step 1 of the model (See Table 11), and was a significant predictor of behavioral empowerment, $R^2 = .03$, $F(1, 264) = 9.37$, $p < 0.01$, such that an increase in intrapersonal empowerment scores ($\beta = .19$, $p < .01$) predicted a subsequent increase in behavioral empowerment scores. Interactional empowerment scores ($\beta = .19$, $p < .01$) were

entered in Step 2 of the model, $R^2 = .06$, $F(2, 263) = 8.89$, $p < 0.01$, and significantly predicted behavioral empowerment scores above and beyond Intrapersonal empowerment scores ($\beta = .10$, $p = .16$). Thus, the present analyses support Zimmerman's (2000) hypothesis that the three components of empowerment build on each other, with intrapersonal leading to higher interactional, which then leads to increased behavioral empowerment.

CHAPTER IV

DISCUSSION

The present study explored the factor structure of the PPS-R (Johnson, et al., 2005) with added questions and identified three factors that fall under the framework of Zimmerman's (1995) model of psychological empowerment. The final analysis resulted in 20 items that loaded onto an intrapersonal factor (12 questions), interactional factor (4 questions), and a behavioral factor (4 questions), which is consistent with empowerment research and theory (Zimmerman, 2000). Each factor demonstrated adequate factorability, sufficient reliability coefficients, and had high factor loadings (Pett, et al., 2003). Although the three factor model best fit the data and was theoretically coherent, the questions that comprised each factor did not align with the hypothesized factor structure of the scale. Thus, it is necessary to further examine the components of each subscale.

The original hypothesis posited that the intrapersonal factor would consist of 17 items designed to assess women's perceptions of power and competence, autonomy, self nurturance/personal strength, and expression of anger and confrontation. The final factor analysis resulted in 12 questions that loaded on the intrapersonal scale. Six questions that were originally hypothesized to measure the intrapersonal factor (4, 12, 13, 17, 19, and 28) remained on the intrapersonal factor. Specifically, these questions measured perceptions of power and competence (3), autonomy (2), and self nurturance/resource access (1).

Interestingly, none of the questions designed to measure women's expression of anger and confrontation were included in the final scale.

Three items originally hypothesized to fall under the interactional factor (5, 7, 25) also loaded on the intrapersonal factor. The final scale contained one item from each of the original subscales (Johnson, et al., 2005) hypothesized to be on the interactional factor: interpersonal assertiveness (1), awareness of cultural discrimination (1) and personal strength/social activism (1). Although these items were hypothesized to comprise the interactional component of psychological empowerment, the results suggest that they are more closely related to the items on the intrapersonal factor of psychological empowerment. These findings suggest that women's perceptions of their ability to deal with discrimination, confront an authority figure about perceived differences, and desire to help other women like themselves are reliant on women's self perceptions, sense of power and control, and personal strength. This is consistent with Zimmerman's theoretical model (2000) which posited that intrapersonal empowerment consisted of perceptions of self, including perceived control, efficacy, and competence. Thus, these items are coherent with how women perceive themselves, in the context of being a woman in recovery and living in Oxford House.

The final three questions on the intrapersonal factor were originally hypothesized to measure the behavioral aspect of empowerment. These questions were grounded in previous research with women who lived in Oxford House (Davis, et al., 2006) and sought to measure participation in leadership activities, such as acting as a good role model for other women, actively listening to other

women to support them, and resolving conflicts without losing control (44, 45, 46). The argument can be made that these items also theoretically align with intrapersonal empowerment. For example, women might perceive themselves as having the ability to maintain control over their emotions in a conflict (item 46), thus increasing their sense of personal control. Likewise, acting as a role model for other women (item 44) may suggest that women perceive that they have a sense of control over their behavior while reminding them of their strengths as women. In addition, supporting other women by listening to them (item 45) could be a reflection of women's personal strength and competence. Research on women who abuse substances suggested that women often struggle in their relationships with others (Ashley, et al., 2003) and that social support is critical to their recovery process (Ellis, et al., 2004). In contrast, endorsement of these items reflects women's sense of competence in effectively relating to other women in recovery. This finding supports previous Oxford House research which demonstrated the importance of social support (Groh, et al., 2007) and a sense of community (d'Arlach, et al., 2006) for women who live there. Therefore, it may be that women who live in Oxford House acquire the personal strength and competence to build their support systems and their ability to interact with other women through living in Oxford House.

It should be noted that one item measuring knowledge of substance abuse treatment (interactional) that loaded on the intrapersonal factor was removed because it was not theoretically consistent with the other items on the intrapersonal factor (Smith & McCarthy, 1995). While removal of this item may

reduce the specificity of the measure for women in recovery who live in Oxford House, it might increase the generalizability of the scale to other populations of women.

Zimmerman's framework (1995; 2000) for psychological empowerment asserted intrapersonal empowerment consisted of how people view themselves, which can include perceived control, personal control, and competence. Similarly, feminist conceptualizations of empowerment theory highlighted the importance of women's ability to make choices (Kabeer, 1999), and it should be noted that many of the questions on the intrapersonal factor require a choice to be made to act or perceive the self in a positive manner. Therefore, the results of this study suggest that for women in recovery, intrapersonal empowerment is comprised of perceptions of power and competence, self-nurturance/personal strength, autonomy, interpersonal assertiveness, awareness of cultural discrimination, and personal strength/social activism (Johnson, et al., 2005).

The original hypothesis postulated that the interactional factor would be distinct from the intrapersonal factor and would consist of 16 items designed to measure interpersonal assertiveness (5), awareness of cultural discrimination (3), resource access (5), and personal strength/social activism (3). The results of the final factor analysis did not fully support this hypothesis. As discussed above, three items hypothesized to fall under the interactional factor aligned with the intrapersonal factor. However, four of the five questions designed to measure resource access created the interactional factor. Specifically, these questions evaluated women's knowledge of resources in their communities for jobs,

parenting/childcare, housing, and education and were named the interactional subscale.

Empowerment theory suggested that resource access is a major component of interactional empowerment because it exemplifies how an individual interacts with his/her environment (Zimmerman, 2000). Research frequently cited a lack of resource knowledge and availability for women in recovery (Greenfield, et al., 2007) and women ex-offenders (O'Brien & Lee, 2007), thus, resource knowledge appears to be an integral component of interactional empowerment for women in recovery from substance abuse who may have had some involvement in the criminal justice system.

Zimmerman (2000) also claimed the interactional component of psychological empowerment should promote interactions with and mastery of the social environment. Although it is evident that knowledge of available community resources is a critical component to navigating the socio-political system, Zimmerman (2000) highlighted that skill building, awareness of the environment and an understanding of causal agents comprise interactional empowerment. Given all of the components that encompass Zimmerman's conceptual framework for the interactional component of empowerment, it does not appear that the resource knowledge items, alone, sufficiently measure interactional empowerment. Future research should add questions to assess these components in order to develop a more theoretically cohesive and accurate depiction of interactional empowerment.

The final hypothesized factor was created to assess the behavioral component of psychological empowerment. Items hypothesized to fall on this scale (15) were added to the PPS-R (Johnson, et al., 2005) and were designed to measure participation in helping behavior (2), leadership activities (3), house activities (5), and community/organizational activities (5). Surprisingly, the final factor model resulted only in items designed to assess participation in community/organizational activities (3) and participation in helping behavior (1), such as volunteering with and participating in community organizations and neighborhoods, and participating in activities to give back to the community. As discussed previously, three items originally designed to measure participation in leadership behaviors aligned with the intrapersonal subscale.

Given the call for context-specific measurements of empowerment (Riger, 1993; Zimmerman, 1995; Zimmerman, 2000), it was surprising that items designed to measure participation in Oxford House activities did not align with the other items on this factor. One possible explanation for this finding is that many of the activities listed as behavioral empowerment, such as participation in house business and 12-step meetings, holding a role in the house or chapter, and having or being a sponsor, are required activities for Oxford House members. In addition, although participation in these activities were assessed, the duration and frequency of participation was not measured (Zimmerman, 2000). In order to develop a context-specific measure of behavioral empowerment for women Oxford House members, future research should identify non-required, specific behavioral indicators specific to women who live in Oxford House.

It should be noted that all of the negatively worded items had to be removed from the factor analysis because all but one originally loaded on one factor, indicating a method effect (Schriesheim & Eisenbach, 1995). Given the original phrasings of items on the PPS-R (Johnson, et al., 2005), almost half of the 28 items were negatively worded and subsequent removal of those items greatly reduced the number of items in the scale. Although research on scale construction recommends the use of negatively worded items in order to eliminate response bias (Nunnally, 1978), negatively worded items may not accurately construe the meanings of items designed to assess empowerment. Similar findings were discussed by Peterson and colleagues (2006) when utilizing the Socio-Political Control Scale to measure empowerment, which was subsequently revised to positively rephrase all items. Thus, further research is needed to determine the influence of negatively worded items on the measurement of empowerment.

The results of the exploratory factor analysis align with feminist theory (Johnson, et al., 2005; Kabeer, 1999) and Zimmerman's (1995; 2000) conceptualization of psychological empowerment. It should be noted that the original factor analysis of the PPS-R (Johnson, et al., 2005) resulted in too many factors, and was subsequently used as an overall measure of empowerment. The present study supported the results of the original factor analysis of the PPS-R (Johnson, et al., 2005), as all of the original items from the PPS-R loaded onto one factor (Intrapersonal). In addition, most of the questions on the intrapersonal factor evaluated perceptions of power and competence (2) and autonomy (1),

emphasizing the importance of these components to psychological empowerment for women who live in Oxford House.

Research on women and substance abuse suggested that women have unique risk factors and barriers to obtaining substance abuse treatment (Greenfield, et al., 2007). Subsequently, women who abuse substances are often disempowered as they deal with social stigma and discrimination related to their addiction (LaFave, et al., 2009; Nelson-Zulpko, et al., 1995). The present findings suggest that there are many variables that can contribute to empowerment for women who are in recovery and living in an Oxford House. These include perceptions of power and competence, autonomy, and personal strength/social activism (Johnson, et al., 2006). In addition, consistent with psychological empowerment theory (Zimmerman, 1995) and feminist theory (Kabeer, 1998) knowledge of available resources in the community may promote agency for women in recovery, and help them to navigate through their social environment. Finally, participation in community and voluntary activities may provide an outlet for women to help each other and to give back to society, which supports previous research on women's helping behaviors in Oxford House (Viola, et al., 2009).

The findings of this study also contribute to the debate on the measurement of empowerment. Surprisingly, of the 12 items that loaded on the intrapersonal factor of psychological empowerment, three were items that had been identified by women in Oxford House as important qualities for leadership in Oxford House and were also variables that contributed to positive interactions and social support among house members (Davis, et al., 2006). In addition, five of

the items on the intrapersonal factor highlighted women's sense of personal competence and autonomy, both of which are promoted by the Oxford House model through responsibility for the daily management of the house, paying rent, completing chores, and participating in house business meetings (Ferrari, et al., 2006; Oxford House, Inc., 2008). While there is some disagreement on the value of measuring empowerment quantitatively, these findings indicate that a two-step approach to measuring empowerment may best represent empowerment for specific populations. Subsequent research should consider first employing qualitative strategies that ask members of a population what variables or constructs might be empowering for them, and then utilizing that information to develop quantitative measures of empowerment.

The second hypothesis explored the relationship among the three factors of the PPS-R and the Rosenberg Self Esteem Scale. As predicted, each factor of psychological empowerment was positively correlated with self esteem, however; the relationship between the intrapersonal factor and the RSE was stronger than the relationship between the interactional and behavioral subscales and the RSE. Thus, although each factor was significantly correlated with self esteem, there was a weaker relationship between self esteem and interactional empowerment, and self esteem and behavioral empowerment than self esteem and intrapersonal empowerment. These findings are consistent with empowerment theory, which postulates that self esteem is related to, but different from psychological empowerment (Zimmerman, 1995). The results of this study support this claim, as

there was a moderate positive correlation between self esteem and each factor of empowerment.

The third hypothesis compared empowerment scores for each factor of empowerment for women who had lived in Oxford House for less than six months as compared to six months or more. The results indicated that women who lived in Oxford House for six months or more scored significantly higher on the intrapersonal and interactional subscales than women who lived in an Oxford House for less than six months, however; there was no significant difference between groups for the behavioral subscale.

Previous research on Oxford House identified the six-month time point as a critical interval for success in recovery and other positive outcomes, such as a reduction in criminal recidivism (Bishop, et al., 1998; Davis & Jason, 2005; Jason, et al., 2007). The results of this study support the importance of residing in an Oxford House for six months or more for increasing intrapersonal and interactional empowerment, however; the 6-month time point was not statistically significant for behavioral empowerment. Future research is needed to identify predictors of behavioral empowerment for women who are in recovery and live in Oxford House.

Empowerment theory has not been clear on the mechanism by which empowerment occurs, although it has been suggested that empowerment is a dynamic construct that changes over time (Zimmerman, 1995). Although Zimmerman (2000) discussed that the separate components of psychological empowerment should build on each other, no quantitative studies have explored

whether the three facets of psychological empowerment do so. For example, it is unclear whether high levels of intrapersonal empowerment lead to high interactional empowerment, which, in turn, lead to high behavioral empowerment, or, whether these separate components occur in tandem with each other. As Zimmerman (2000) hypothesized, it may be that interactional empowerment builds on intrapersonal empowerment and acts as a bridge to behavioral empowerment.

A supplemental analysis was conducted in order to investigate whether the three factors were predictive of each other, that is, if the interactional subscale could predict behavioral empowerment above and beyond intrapersonal empowerment. Results of the hierarchical linear regression model supported the hypothesis that interactional empowerment predicts behavioral empowerment above and beyond intrapersonal empowerment. This finding supports the notion that the separate components of empowerment do not occur in tandem, rather; they occur in steps or stages, and that the interactional component of psychological empowerment builds on intrapersonal empowerment to act as a bridge to behavioral empowerment (Zimmerman, 2000). Although the findings of this analysis were significant, the results should be interpreted with caution, as only a small amount of the variance (7%) in behavioral empowerment was explained by interactional empowerment while controlling for intrapersonal empowerment. Although prior research found that intrapersonal empowerment was predictive of participation in behavioral and organizational activities (Rappaport & Zimmerman, 1988; Zimmerman & Zahnizer, 1991), additional

studies are needed in order to identify the exact mechanisms by which interactional empowerment affects the relationship between intrapersonal and behavioral empowerment.

The final hypothesis explored the influence of length of time lived in Oxford House for each factor of empowerment, while controlling for length of time in recovery and since last criminal conviction for a subset of women who self-identified as ex-offenders. Contrary to the hypothesis, the first hierarchical linear regression indicated that length of time in recovery was a significant predictor of intrapersonal empowerment when controlling for length of time since last conviction and length of time lived in Oxford House. In addition, neither model testing the same predictor variables with the interactional or the behavioral subscales were significant.

These findings suggest that for women in recovery who are ex-offenders, the most important influence on intrapersonal empowerment is length of time in recovery. Further examination of the data revealed a progression from conviction (33 months) to recovery (12 months), and then to Oxford House (6 months), suggesting that women might prioritize and address one issue at a time. For example, a woman might complete her involvement in the criminal justice system, and then enter into recovery. A few months following her initiation of sobriety, she may choose to move in to an Oxford House. Previous research on Oxford House established the Oxford House model as a safe and supportive environment for individuals in recovery from substance use (Jason, et al., 2007). However, Oxford House does require that potential house members be sober upon

entry which might explain why time in recovery has a stronger impact on intrapersonal empowerment than length of time in Oxford House (Oxford House Inc., 2008).

It was surprising to find that length of time since criminal conviction, in recovery or in Oxford House did not predict interactional or behavioral empowerment scores. Research on women ex-offenders posits that women have many needs in the community (Alegmano, 2001; O'Brien & Lee, 2007; Steffensmeir & Allen, 1996). However, it may be that women ex-offenders who seek out and choose to enter Oxford House are more resourceful than women who do not choose to enter an Oxford House because seeking out independent sober living such as Oxford House might require previous knowledge of resources. Given the many barriers women face regarding substance abuse treatment entry (Greenfield, et al., 2007), they may be even less likely to find sober living environments such as Oxford House. In addition, research acknowledged that women who live in Oxford House demonstrated helping behavior to other house members (Viola, et al., 2009). Therefore, it may be that the social support provided by Oxford House (Groh, et al., 2007) is more important to women's psychological empowerment than length of time since conviction, length of time in recovery, and length of time in Oxford House.

Limitations and Future Directions

The present study has many limitations that should be addressed. First, this study utilized a convenience sample of women who lived in Oxford Houses throughout the United States who were asked to complete a self-report survey on

women's empowerment. While participants varied in demographic variables and length of time lived in Oxford House, it is plausible that the women who chose to participate in this study were more empowered than women who chose not to participate. In addition, the sample was not as diverse as originally expected, as most participants were White, however; it is possible that the ethnic representation of women in this study is reflective of women living in Oxford Houses throughout the United States. Future research should investigate empowerment for a more diverse population of women in recovery.

Although the findings of this study are promising and support previous research and theory of empowerment (Rappaport, 1984; Zimmerman, 1995; Zimmerman, 2000), the external validity of the scale is of concern. Although the context-specific questions developed for the scale did not load onto the resulting factors, the entire scale was created for and tested on the specific population of women in recovery who live in Oxford House. Thus, future research should evaluate the factor structure of this empowerment scale for other populations of women.

Empowerment theory postulated that there are at least three levels of empowerment: psychological, community, and organizational (Perkins & Zimmerman, 1995; Zimmerman, 1995; Zimmerman, 2000). In addition, empowerment has been criticized for neglecting to evaluate the different levels of empowerment and focusing solely on individual characteristics (Riger, 1993). Thus, a limitation in the present study is the lack of measurement of community, organizational, and other types of empowerment. Given the interrelatedness of the

different levels of empowerment, future research should focus on creating context specific approaches to measure empowerment at multiple levels.

Although the intrapersonal factor resulted in questions that were explicitly specific to women, the interactional and behavioral factors resulted in items that did not incorporate gender. Thus, future research should consider adding questions to the interactional and behavioral factors that integrate experiences specific to women in order to more accurately assess women's empowerment. For example, the items on those factors could be anchored to reflect women's resource knowledge and participation in community activities compared to other women.

Finally, it is important to note that there are many variables that may have had a profound influence on women's empowerment that were beyond the scope of this study. Given the research on the importance of social support for women following substance abuse treatment (Ellis, et al., 2004) and living in Oxford House (Groh, et al., 2007) future research should investigate the relationships between social support and the factors of psychological empowerment. In addition, sense of community has been identified as a strength for women living in Oxford House (d'Arlach, et al., 2006), thus, it would be important to explore the relationship between sense of community and the three factors of psychological empowerment.

CHAPTER V

SUMMARY

The construct of empowerment has been utilized in many different contexts and with various populations. Zimmerman (2000) proposed a model of empowerment comprised of three components: intrapersonal (personal competence, strength and autonomy); interactional (critical understanding of the environment); and behavioral (action oriented community participation). Although there has been some debate on the value of measuring empowerment quantitatively, creating measures of empowerment may add to previous knowledge on factors related to empowerment for specific populations and seek to empower overlooked and underserved populations.

Many women who abuse drugs and/or alcohol never receive substance abuse treatment. Research identified many unique barriers and needs for women's treatment and aftercare, such as providing gender-specific programming, trauma focused therapy and counseling, social support, and comprehensive follow up services such as childcare and housing. In addition, many women are influenced by the shame they feel from the stigma associated with engaging in substance abuse. Thus, women who abuse substances would greatly benefit from an empowerment intervention.

A subset of women who engage in substance abuse have also had some involvement in the criminal justice system. Women in the criminal justice system often have similar needs to those of women who engage in substance abuse;

however, they often face additional challenges due to the stigmatization and discrimination they experience for being an ex-offender in society.

Although various models of aftercare have been proposed to address the needs of women in recovery and women ex-offenders, the Oxford House model, a self-run, democratic, sober living environment, may provide a unique set of factors that empower women through their recovery and reentry into the community. The Oxford House model promotes the principles of personal responsibility and autonomy, as each house is independently supported by house members. Previous research demonstrated that variables such as abstinence from substances, length of stay in Oxford House, social support, self-efficacy, as well as the characteristics of the house may aid in women's successful outcomes.

The present study explored factors of women's empowerment by testing a measure of empowerment. Questions were added to the Personal Progress Scale-Revised (PPS-R; Johnson, et al., 2005) in order to analyze this scale in the context of Zimmerman's (1995) model of psychological empowerment. The results of the factor analysis supported a three-factor model. The intrapersonal factor contained items assessing women's leadership qualities, personal strength and competence, and autonomy. The interactional factor contained items measuring knowledge of resources in the community, and the behavioral factor was comprised of items that evaluated participation in community activities. Additional analyses revealed that women who lived in Oxford House for six months or more had higher intrapersonal and interactional empowerment scores than women who lived in an Oxford House for less than six months. In addition, the findings offered some

support for the hypothesis that the three levels of psychological empowerment build on each other. Implications for theory and research on empowerment are discussed.

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Appendix A

Demographic Questionnaire

Demographic Questionnaire

1. What state do you live in? _____

2. What is your zip code? _____

3. What is your age? _____

4. What is the highest level of education you have completed?

☐ ≤ 8th grade ☐ Some college

☐ 9th-12th grade, no diploma ☐ College Degree (Associate or Bachelor)

☐ High School Diploma ☐ GED

☐ Vocational Training Program

5. What is your racial/ethnic background?

☐ African American

☐ American Indian/Alaskan Native

☐ Anglo/White/Caucasian

☐ Asian/Pacific Islander

☐ Latina

☐ Other (Specify) _____

6. What is your current legal marital status?

☐ Never married ☐ Separated

☐ Legally married ☐ Divorced

☐ Living as married/common law ☐ Widowed

7. Do you have any children? Yes_____No_____

8. How many of these children live with you?___

9. Have you ever experienced sexual assault? *To clarify, Sexual assault is any non-consensual sexual conduct, including, penetration by body part*

or object, touching, fondling, being forced or coerced to participate in pornography and/or being forced or coerced to watch others conduct sex-acts. Yes_____No_____

10. If yes, do you know of any services that might help you?
    Yes_____No_____

11. If yes, are you using and/or did you use those services?
    Yes_____No_____

12. If yes, do/did you find them helpful? Yes_____No_____

13. If you have not experienced sexual assault, do you know of any services that might help survivors of sexual assault? Yes_____No_____

14. What type of transportation do you generally use?

    ☐ Own vehicle

    ☐ Rides from acquaintances

    ☐ Mass transit

    ☐ Taxicab

    ☐ Other (please specify)_____

15. Are you currently working? Yes_____No_____

16. If you are currently working, are you working:

    ☐ Part time (less than 32 hours per week)

    ☐ Full time (32 or more hours per week)

17. How much money do you make per week? _____

18. Are you current in your rent? Yes_____ No_____

19. How is your rent currently being paid?

    ☐ Self ☐ Disability/SSI ☐ Family/Significant other

    ☐ Rental assistance program ☐ Other (please specify)_____

20. Have you ever been arrested? Yes_____No_____

21. If yes, how many times have you been arrested in your lifetime? _____

22. Have you ever been convicted of a crime? Yes_____ No_____

23. If yes, were you convicted of a:

    ☐ Misdemeanor

    ☐ Felony

24. Have you ever been incarcerated? Yes_____ No_____

25. If yes, for how many months have you been incarcerated in your lifetime?_____

26. Have you ever been convicted of a violent offense? Yes_____No_____

27. Are you currently on probation or parole? Yes_____No_____If yes, for how long?_____

28. How many months has it been since your last criminal conviction?_____

29. Do you have any family members who are currently or have been incarcerated? Yes_____No_____

30. Do you regularly participate in self help groups (NA, AA, CA)? Yes_____ No_____

31. If yes, how many meetings do you attend a week? _____

32. Are you currently working with a sponsor? Yes_____ No_____

33. How many months have you been in recovery?_____

34. Do you currently attend religious services (church, temple, mosque)? Yes____No____

35. How many months have you lived in this Oxford House? _____

36. How many beds are in your Oxford House?_____

37. Are you currently holding a leadership position in your Oxford House? Yes___No___

38. If yes, please indicate your role:

    ☐ President ☐ Treasurer ☐ Coordinator

☐ Secretary ☐ Comptroller ☐ Other (please specify)_____

39. Is there an Oxford House chapter nearby? Yes_____ No_____

40. Do you attend monthly chapter meetings? Yes_____ No_____

41. How much do you agree that there are jobs available in your area:

☐Strongly disagree ☐Disagree ☐Not sure ☐Agree ☐Strongly agree

42. How much do you agree that there are support groups available in your area:

☐Strongly disagree ☐Disagree ☐Not sure ☐Agree ☐Strongly agree

43. I believe that I am a spiritual person:

☐Strongly disagree ☐Disagree ☐Not sure ☐Agree ☐Strongly agree

44. I believe that I am a religious person:

☐Strongly disagree ☐Disagree ☐Not sure ☐Agree ☐Strongly agree

Appendix B

The Personal Progress Scale-Revised

Personal Progress Scale-Revised

The following statements identify feelings or experiences that some people use to describe themselves. Please answer each question in terms of any aspects of your personal identity that are important to you as a women, such as gender, race, ethnicity, culture, nationality, sexual orientation, family background, etc.

Almost never **Sometimes true** **Almost always**

1----------2----------3----------4----------5----------6----------7

_____1. I have equal relationships with important others in my life.

_____2. It is important to me to be financially independent.

_____3. It is difficult for me to be assertive with others when I need to be.

_____4. I can speak up for my own needs instead of always taking care of other people's needs.

_____5. I feel prepared to deal with the discrimination I experience in today's society.

_____6. It is difficult for me to recognize when I am angry.

_____7. I feel comfortable confronting my instructor/counselor/supervisor when we see things differently.

_____8. I now understand how my cultural heritage has shaped who I am today.

_____9. I give into others so as not to displease or anger them.

_____10. I don't feel good about myself as a woman.

_____11. When others criticize me, I do not trust myself to decide if they are right or if I should ignore their comments.

_____12. I realize that given my current situation, I am coping the best I can.

_____13. I am feeling in control of my life.

_____14. In defining for myself what it means to be attractive, I depend on the opinions of others.

_____15. I can't seem to make good decisions in my life.

_____16. I do not feel competent to handle the situations that arise in my everyday life.

_____17. I am determined to become a fully functioning person.

_____18. I do not believe there is anything I can do to make things better for women like me in today's society.

_____19. I believe that a woman like me can succeed in any job or career that I choose.

_____20. When making decisions about my life, I do not trust my own experience.

_____21. It is difficult for me to tell others when I feel angry.

_____22. I am able to satisfy my own sexual needs in a relationship.

_____23. It is difficult for me to be good to myself.

_____24. It is hard for me to ask for help of support from others when I need it.

_____25. I want to help other women like me improve the quality of their lives.

_____26. I feel uncomfortable in confronting important others in my life when we see things differently.

_____27. I want to feel more appreciated for my cultural background.

_____28. I am aware of my own strengths as a woman.

Added Questions

_____1. I am aware of where to get substance abuse treatment in my community.

_____2. I am aware of where to go for housing assistance in my community.

_____3. I am aware of how to get help with parenting or childcare costs in my community.

_____4. I am aware of places in my community that will help me find jobs.

_____5. I am aware of places in my community that will help me get the education that I want.

_____6. I participate in activities to help other people like me improve the quality of their lives.

_____7. I participate in weekly house business meetings.

_____8. I am active in organizations in my community.

_____9. I currently volunteer with an organization in my community.

_____10. I participate in activities in my neighborhood.

_____11. I am active in activities to give back to my community.

_____12. It is too difficult for me to participate in activities in my community.

_____13. I don't have the time to volunteer in my community.

_____14. I participate in 12-step meetings outside my house.

_____15. I am not interested in holding an office position (president, vice-president, comptroller, etc) in my house.

_____16. I believe I act as a good role model for other women.

_____17. I actively support other women by listening to them.

_____18. I am able to solve conflicts without losing my temper.

_____19. I currently have a leadership role in my house or chapter.

_____20. I have (or I am) a sponsor.

Appendix C

The Rosenberg Self-Esteem Scale

Rosenberg Self Esteem Scale

Please record the appropriate answer for each item, depending on whether you strongly agree, agree, disagree, or strongly disagree with it.

1 = Strongly agree	2 = Agree	3 = Disagree	4 = Strongly disagree

_____ 1. On the whole, I am satisfied with myself.

_____ 2. At times I think I am no good at all.

_____ 3. I feel that I have a number of good qualities.

_____ 4. I am able to do things as well as most other people.

_____ 5. I feel 1do not have much to be proud of.

_____ 6. I certainly feel useless at times.

_____ 7. I feel that I'm a person of worth.

_____ 8. I wish I could have more respect for myself.

_____ 9. All in all, I am inclined to think that I am a failure.

_____ 10. I take a positive attitude toward myself.

Appendix D

Original Correlation Matrix

Item	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1. I have equal relationships with important others in my life.	--	0.33	0.16	0.30	0.30	0.06	0.29	0.19	0.11	0.25	0.20	0.27	0.37	0.10	0.31	0.31
2. It is important to me to be financially independent.		--	-0.03	0.26	0.21	0.12	0.29	0.23	0.11	0.16	0.19	0.30	0.22	0.12	0.23	0.23
3. It is difficult for me to be assertive with others when I need to be.			--	0.25	0.19	0.23	0.22	0.00	0.47	0.19	0.41	-0.05	0.14	0.28	0.27	0.26
4. I can speak up for my own needs instead of always taking care of other people's needs.				--	0.43	0.15	0.40	0.13	0.36	0.35	0.17	0.26	0.47	0.28	0.17	0.25
5. I feel prepared to deal with the discrimination I experience in today's society.					--	0.11	0.30	0.26	0.26	0.30	0.18	0.30	0.41	0.11	0.22	0.24
6. It is difficult for me to recognize when I am angry.						--	0.12	-0.03	0.21	0.17	0.20	0.11	0.12	0.24	0.15	0.23
7. I feel comfortable confronting my instructor/counselor/supervisor when we see things differently.							--	0.24	0.24	0.27	0.21	0.16	0.29	0.17	0.24	0.23
8. I now understand how my cultural heritage has shaped who I am today.								--	0.09	0.21	0.12	0.11	0.06	0.15	0.14	0.08

Item	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
1. I have equal relationships with important others in my life.	0.23	0.32	0.36	0.21	0.09	0.30	0.25	0.29	0.23	0.18	0.00	0.45	0.23	0.19	0.19	0.27
2. It is important to me to be financially independent.	0.34	0.17	0.29	0.09	0.01	0.17	0.07	0.08	0.25	0.14	0.10	0.35	0.26	0.06	0.04	0.14
3. It is difficult for me to be assertive with others when I need to be.	-0.01	0.07	0.04	0.24	0.41	0.01	0.23	0.27	0.11	0.29	0.05	0.22	0.11	0.23	0.17	0.17
4. I can speak up for my own needs instead of always taking care of other people's needs.	0.21	0.09	0.24	0.20	0.18	0.24	0.41	0.28	0.22	0.20	-0.01	0.44	0.29	0.17	0.13	0.24
5. I feel prepared to deal with the discrimination I experience in today's society.	0.21	0.12	0.31	0.23	0.19	0.28	0.32	0.25	0.19	0.19	0.01	0.46	0.30	0.10	0.15	0.21
6. It is difficult for me to recognize when I am angry.	0.09	0.18	-0.04	0.21	0.33	0.06	0.05	0.20	0.05	0.17	0.17	0.02	0.12	0.12	0.05	0.13
7. I feel comfortable confronting my instructor/counseler/supervisor when we see things differently.	0.19	0.12	0.31	0.16	0.21	0.24	0.27	0.21	0.37	0.25	-0.12	0.47	0.29	0.19	0.14	0.15
8. I now understand how my cultural heritage has shaped who I am today.	0.10	0.15	0.17	0.07	-0.08	0.21	0.15	0.14	0.13	0.07	-0.24	0.36	0.14	0.05	0.13	0.11

Item	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
1. I have equal relationships with important others in my life.	0.29	0.19	0.10	0.14	0.06	0.14	0.16	0.19	0.02	0.11	0.13	0.39	0.29	0.26	0.16	0.15
2. It is important to me to be financially independent.	0.15	0.10	0.18	0.03	0.00	-0.02	0.10	0.08	-0.02	0.11	0.15	0.28	0.33	0.21	0.16	0.16
3. It is difficult for me to be assertive with others when I need to be.	0.19	0.09	-0.02	0.11	0.11	0.11	0.21	0.12	0.05	-0.06	0.01	0.21	0.10	0.15	0.12	0.02
4. I can speak up for my own needs instead of always taking care of other people's needs.	0.30	0.21	0.10	0.13	0.01	0.05	0.04	0.14	0.02	0.08	-0.02	0.42	0.29	0.22	0.12	0.06
5. I feel prepared to deal with the discrimination I experience in today's society.	0.25	0.19	0.08	0.09	-0.05	0.06	0.09	0.12	-0.05	0.09	0.09	0.40	0.33	0.28	0.14	0.08
6. It is difficult for me to recognize when I am angry.	0.09	0.13	-0.01	-0.04	-0.10	-0.02	0.09	0.06	0.10	0.00	0.16	0.07	0.12	0.03	0.04	0.02
7. I feel comfortable confronting my instructor/counseler/supervisor when we see things differently.	0.18	0.25	0.15	0.08	-0.05	0.08	0.17	0.08	0.01	0.06	0.13	0.41	0.29	0.26	0.14	0.10
8. I now understand how my cultural heritage has shaped who I am today.	0.10	0.11	-0.01	-0.02	-0.01	0.09	0.12	0.23	0.06	0.18	0.11	0.16	0.22	0.16	0.11	0.06

Item	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
9. I give into others so as not to displease or anger them.	--	0.40	0.40	0.08	0.14	0.37	0.27	0.29	0.10	0.12	0.08	0.34	0.43	0.07	0.35	0.24	-0.06
10. I don't feel good about myself as a woman.		--	0.42	0.10	0.38	0.35	0.52	0.40	0.24	0.25	0.22	0.40	0.25	0.18	0.43	0.35	0.12
11. When others criticize me, I do not trust myself to decide if they are right or if I should ignore their comments.			--	0.05	0.28	0.47	0.48	0.42	0.12	0.17	0.21	0.35	0.30	0.10	0.34	0.30	0.14
12. I realize that given my current situation, I am coping the best I can.				--	0.40	0.12	0.09	0.22	0.43	0.22	0.36	0.11	0.04	0.28	0.10	0.11	0.32
13. I am feeling in control of my life.					--	0.25	0.30	0.45	0.32	0.24	0.38	0.27	0.25	0.25	0.36	0.22	0.29
14. In defining for myself what it means to be attractive, I depend on the opinions of others.						--	0.32	0.30	0.18	0.11	0.25	0.31	0.24	0.05	0.31	0.24	0.09
15. I can't seem to make good decisions in my life.							--	0.54	0.23	0.21	0.26	0.36	0.18	0.19	0.39	0.30	0.17
16. I do not feel competent to handle the situations that arise in my everyday life.								--	0.41	0.44	0.30	0.40	0.26	0.19	0.34	0.28	0.25
17. I am determined to become a fully functioning person.									--	0.34	0.35	0.17	0.09	0.23	0.07	0.04	0.36

Item	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
9. I give into others so as not to displease or anger them.	0.49	0.07	0.27	0.08	0.20	0.16	0.16	0.23	0.18	0.00	-0.02	0.03	0.00	0.14	0.00	-0.03	-0.01
10. I don't feel good about myself as a woman.	0.27	0.02	0.45	0.11	0.25	0.17	0.24	0.25	0.29	0.09	0.06	-0.06	0.00	0.00	0.10	0.02	0.00
11. When others criticize me, I do not trust myself to decide if they are right or if I should ignore their comments.	0.27	0.02	0.33	0.11	0.24	0.20	0.22	0.28	0.24	0.07	0.05	-0.02	0.04	0.09	0.20	0.11	0.03
12. I realize that given my current situation, I am coping the best I can.	0.09	0.05	0.27	0.39	0.18	0.09	0.28	0.22	0.20	0.27	0.02	0.01	-0.06	0.05	0.06	-0.03	0.30
13. I am feeling in control of my life.	0.14	0.06	0.51	0.39	0.29	0.21	0.32	0.33	0.30	0.15	0.14	0.01	0.11	0.11	0.13	-0.08	0.02
14. In defining for myself what it means to be attractive, I depend on the opinions of others.	0.12	0.03	0.26	0.04	0.15	0.08	0.16	0.16	0.16	-0.05	-0.05	-0.05	0.02	0.05	0.20	0.02	-0.01
15. I can't seem to make good decisions in my life.	0.23	0.05	0.30	0.13	0.22	0.11	0.25	0.24	0.17	0.07	0.10	-0.01	0.07	0.06	0.12	0.09	0.04

Item	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
16. I do not feel competent to handle the situations that arise in my everyday life.	0.29	0.12	0.46	0.31	0.28	0.18	0.29	0.27	0.26	0.14	0.09	-0.04	0.04	0.11	0.20	0.06	-0.04
17. I am determined to become a fully functioning person.	0.07	0.05	0.37	0.40	0.25	0.16	0.29	0.31	0.29	0.35	0.02	-0.02	-0.05	0.09	0.07	-0.03	0.22

Item	43	44	45	46	47	48
9. I give into others so as not to displease or anger them.	-0.02	0.19	0.11	0.16	0.13	0.10
10. I don't feel good about myself as a woman.	0.10	0.32	0.20	0.19	0.17	-0.03
11. When others criticize me, I do not trust myself to decide if they are right or if I should ignore their comments.	0.00	0.25	0.13	0.19	0.20	0.03
12. I realize that given my current situation, I am coping the best I can.	0.09	0.30	0.30	0.20	0.09	0.08
13. I am feeling in control of my life.	0.03	0.56	0.39	0.39	0.13	0.00
14. In defining for myself what it means to be attractive, I depend on the opinions of others.	-0.07	0.20	0.09	0.11	0.05	-0.03
15. I can't seem to make good decisions in my life.	0.14	0.33	0.21	0.23	0.19	0.08
16. I do not feel competent to handle the situations that arise in my everyday life.	0.19	0.42	0.36	0.30	0.24	0.02
17. I am determined to become a fully functioning person.	0.14	0.36	0.46	0.37	0.19	0.16

Item	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
18. I do not believe there is anything I can do to make things better for women like me in today's society.	--	0.32	0.25	0.07	0.22	0.07	0.21	0.17	0.12	0.16	0.25	0.20	0.24	0.15	0.29
19. I believe that a woman like me can succeed in any job or career I choose.		--	0.23	0.08	0.30	0.23	0.11	0.38	0.12	-0.03	0.41	0.29	0.24	0.17	0.32
20. When making decisions about my life, I do not trust my own experience.			--	0.29	0.12	0.28	0.18	0.08	0.25	0.11	0.32	0.13	0.18	0.21	0.22
21. It is difficult for me to tell others when I feel angry.				--	0.09	0.29	0.36	0.03	0.38	0.17	0.19	0.12	0.25	0.21	0.18
22. I am able to satisfy my own sexual needs in a relationship.					--	0.27	0.15	0.23	0.18	0.04	0.32	0.24	0.11	0.08	0.20
23. It is difficult for me to be good to myself.						--	0.39	0.11	0.40	0.01	0.37	0.11	0.14	0.12	0.22
24. It is hard for me to ask for help of support from others when I need it.							--	0.13	0.24	0.03	0.26	0.10	0.14	0.14	0.23
25. I want to help women like me improve the quality of their lives.								--	-0.06	-0.03	0.32	0.45	0.17	0.00	0.16
26. I feel uncomfortable in confronting important others in my life when we see things differently.									--	0.17	0.22	0.12	0.17	0.20	0.15

Item	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
18. I do not believe there is anything I can do to make things better for women like me in today's society.	0.23	0.27	0.22	0.16	0.04	0.05	0.16	0.26	0.15	0.12	0.18	0.32	0.27	0.10	0.16	0.04
19. I believe that a woman like me can succeed in any job or career I choose.	0.27	0.28	0.15	0.06	0.00	0.00	0.05	0.13	0.01	0.07	0.04	0.40	0.22	0.12	0.05	0.10
20. When making decisions about my life, I do not trust my own experience.	0.28	0.11	-0.01	-0.06	-0.18	0.00	0.02	0.07	0.02	0.01	0.10	0.20	0.12	0.16	0.05	0.02
21. It is difficult for me to tell others when I feel angry.	0.24	0.17	0.04	0.11	-0.01	0.05	0.13	0.09	0.01	-0.03	0.07	0.14	0.11	0.13	0.05	0.01
22. I am able to satisfy my own sexual needs in a relationship.	0.14	0.15	0.08	0.04	-0.11	-0.04	-0.06	0.06	-0.13	0.04	0.06	0.26	0.21	0.28	0.02	0.04
23. It is difficult for me to be good to myself.	0.24	0.18	-0.01	-0.07	-0.08	0.02	-0.04	0.12	0.03	-0.04	0.03	0.32	0.19	0.15	0.07	-0.03
24. It is hard for me to ask for help of support from others when I need it.	0.30	0.29	0.05	0.09	-0.02	0.03	0.04	0.20	0.09	0.02	0.09	0.21	0.15	0.12	0.05	-0.03
25. I want to help women like me improve the quality of their lives.	0.27	0.41	0.39	0.12	0.00	-0.02	0.07	0.13	0.05	0.26	0.24	0.51	0.48	0.27	0.21	0.14
26. I feel uncomfortable in confronting important others in my life when we see things differently.	0.18	0.10	0.03	-0.09	-0.11	-0.09	0.00	0.03	0.02	-0.01	0.10	0.08	0.08	0.09	-0.02	0.08

Item	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
27. I want to feel more appreciated for my cultural background.	--	-0.10	0.09	0.00	-0.04	-0.04	-0.05	-0.10	-0.04	0.03	-0.07	-0.12	-0.11	-0.02	-0.10	0.00
28. I am aware of my own strengths as a woman.		--	0.47	0.32	0.33	0.43	0.45	0.35	0.18	0.12	-0.03	0.16	0.16	0.05	-0.08	0.08
29. I am aware of where to get substance abuse treatment in my community.			--	0.35	0.21	0.36	0.32	0.26	0.41	0.12	0.01	0.02	0.12	0.10	0.03	0.32
30. I am aware of where to go for housing assistance in my community.				--	0.68	0.63	0.58	0.36	0.18	0.21	0.14	0.15	0.20	0.15	0.10	0.10
31. I am aware of how to get help with parenting or childcare costs in my community.					--	0.60	0.53	0.25	0.03	0.18	0.11	0.17	0.20	0.13	0.05	0.04
32. I am aware fo places in my community that will help my find jobs.						--	0.73	0.36	0.16	0.21	0.14	0.15	0.18	0.10	0.05	0.15
33. I am aware of places in my community that will help me get the education that I want.							--	0.42	0.21	0.17	0.11	0.11	0.11	0.16	0.11	0.20
34. I participate in activities to help other people like me improve the quality of their lives.								--	0.30	0.38	0.25	0.26	0.40	0.25	0.16	0.22
35. I participate in weekly house business meetings.									--	0.10	-0.04	-0.05	0.08	0.09	0.07	0.41

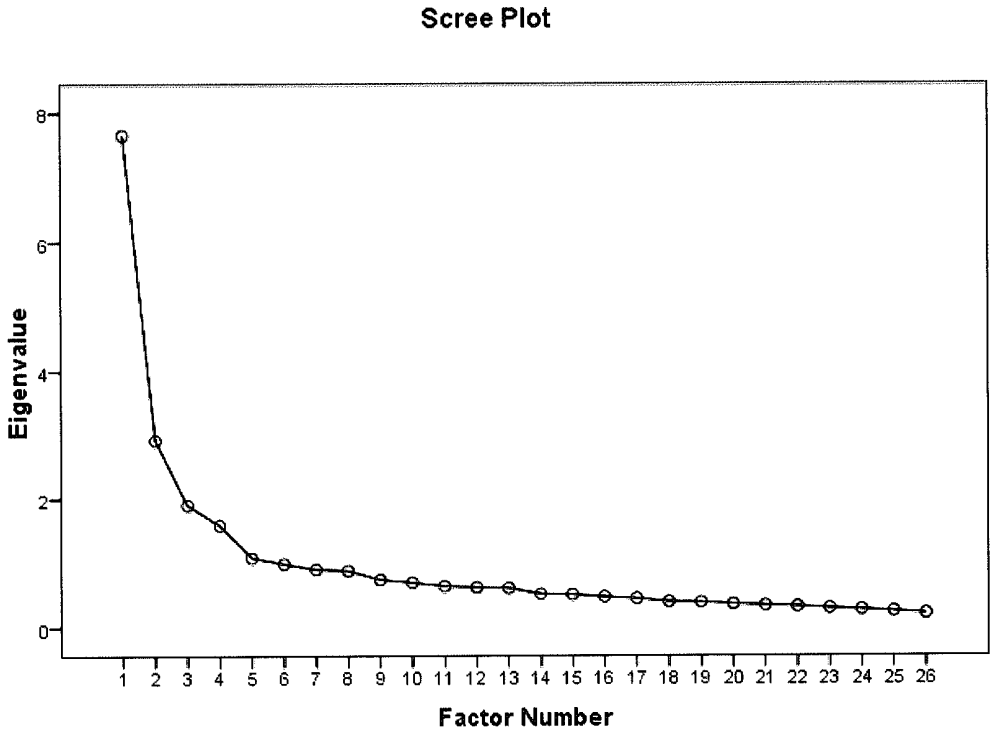
Item	43	44	45	46	47	48
27. I want to feel more appreciated for my cultural background.	0.05	0.00	0.02	0.11	-0.09	0.09
28. I am aware of my own strengths as a woman.	0.06	0.59	0.47	0.42	0.17	0.12
29. I am aware of where to get substance abuse treatment in my community.	0.21	0.44	0.68	0.39	0.21	0.19
30. I am aware of where to go for housing assistance in my community.	0.05	0.29	0.33	0.27	0.20	0.08
31. I am aware of how to get help with parenting or childcare costs in my community.	-0.01	0.19	0.24	0.25	0.04	0.05
32. I am aware fo places in my community that will help my find jobs.	0.07	0.32	0.39	0.30	0.11	0.08
33. I am aware of places in my community that will help me get the education that I want.	0.08	0.34	0.43	0.28	0.11	0.14
34. I participate in activities to help other people like me improve the quality of their lives.	0.20	0.44	0.36	0.25	0.32	0.19
35. I participate in weekly house business meetings.	0.16	0.26	0.42	0.25	0.34	0.17

Item	36	37	38	39	40	41	42	43	44	45	46	47	48
36. I am active in organizations in my community.	--	0.62	0.56	0.59	0.29	0.22	0.21	0.11	0.27	0.22	0.20	0.13	0.14
37. I currently volunteer with an organization in my community.		--	0.55	0.62	0.30	0.31	0.07	0.02	0.13	0.07	0.03	0.07	0.08
38. I participate in activities in my neighborhood.			--	0.64	0.25	0.24	0.04	-0.01	0.20	0.09	0.14	0.12	0.15
39. I am active in activities to give back to my community.				--	0.31	0.24	0.14	0.07	0.28	0.23	0.21	0.16	0.14
40. It is too difficult for me to participate in activities in my community.					--	0.50	0.12	0.03	0.18	0.17	-0.01	0.15	0.02
41. I don't have the time to volunteer in my community.						--	0.10	0.05	0.03	0.04	-0.13	0.16	0.13
42. I participate in 12-step meetings outside my house.							--	0.11	0.15	0.31	0.09	0.28	0.40
43. I am not interested in holding an office position (president, vice-president, comptroller, etc) in my house.								--	0.14	0.14	-0.02	0.29	0.22
44. I believe I act as a good role model for other women.									--	0.58	0.42	0.24	0.15
45. I actively support other women by listening to them.										--	0.53	0.22	0.19

Item	46	47	48
46. I am able to solve conflicts without losing my temper.	--	0.12	0.04
47. I currently have a leadership role in my house or chapter.		--	0.34
48. I have (or I am) a sponsor.			--

Appendix E

Original Scree Plot


Scree Plot
Eigenvalue
0
2
4
6
8
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26
Factor Number

Appendix F

Original Pattern Matrix

Pattern Matrix[a]

	Factor		
	1	2	3
45. I actively support other women by listening to them.	.752		
25. I want to help women like me improve the quality of their lives.	.661		
29. I am aware of where to get substance abuse treatment in my community.	.661		
17. I am determined to become a fully functioning person.	.655		
44. I believe I act as a good role model for other women.	.616		
12. I realize that given my current situation, I am coping the best I can.	.581		
35. I participate in weekly house business meetings.	.535		
46. I am able to solve conflicts without losing my temper.	.482		
13. I am feeling in control of my life.	.481		
19. I believe that a woman like me can succeed in any job or career I choose.	.481		
2. It is important to me to be financially independent.	.451		
1. I have equal relationships with important others in my life.			
22. I am able to satisfy my own sexual needs in a relationship.			
33. I am aware of places in my community that will help me get the education that I want.			
7. I feel comfortable confronting my instructor/counselor/supervisor when we see things differently.			
32. I am aware of places in my community that will help my find jobs.			
PPS18_R			

5. I feel prepared to deal with the discrimination I experience in today's society.			
39. I am active in activities to give back to my community.		.795	
37. I currently volunteer with an organization in my community.		.786	
36. I am active in organizations in my community.		.743	
38. I participate in activities in my neighborhood.		.709	
34. I participate in activities to help other people like me improve the quality of their lives.			
PPS40_R			
30. I am aware of where to go for housing assistance in my community.			
31. I am aware of how to get help with parenting or childcare costs in my community.			
PPS27_R			
PPS9_R			.667
PPS11_R			.666
PPS10_R			.589
PPS23_R			.579
PPS3_R			.564
PPS14_R			.546
PPS15_R			.541
PPS20_R			.540
PPS21_R			.528
PPS24_R			.484
PPS16_R			.446
4. I can speak up for my own needs instead of always taking care of other people's needs.			

Extraction Method: Principal Axis Factoring. Loadings <0.40 are suppressed.

Rotation Method: Oblimin with Kaiser Normalization. a. Rotation converged in 9 iterations.